

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215530089

1.) CORPORATION NAME:

ROMEM AQUA SYSTEMS COMPANY

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOANNE CICCONE ALGER
1635-2 WOODSIDE DRIVE
WOODBIDGE, VA**

SCC ID NO: **F1081753**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 500,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1635-2 WOODSIDE DR NE

CITY/ST/ZIP: WOODBRIDGE, VA 22191

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|-----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOHN M CICCONE | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 14827 ASHBY OAK COURT | | |
| CITY/ST/ZIP/CO: | HAYMARKET, VA 20169 | | |

| | | | |
|-----------------|-------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ELIZABETH J CICCONE | | |
| TITLE: | SEC/TREAS | | |
| ADDRESS: | 8926 PERIWINKLE BLUE CT | | |
| CITY/ST/ZIP/CO: | LORTON, VA 22079 | | |

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|-----------------|---------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOANNE C ALGER | | |
| TITLE: | CFO | | |
| ADDRESS: | 5423 MARLSTONE LANE | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22030 | | |

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|-----------------|-------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | VINCENT J CICCONE | | |
| TITLE: | CEO/CHAIRMAN | | |
| ADDRESS: | 8926 PERIWINKLE BLUE CT | | |
| CITY/ST/ZIP/CO: | LORTON, VA 22079 | | |

| | | | |
|-----------------|-----------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GERALD R ESKELUND | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8104 GLOVER CT | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ JOANNE C ALGER | JOANNE C ALGER, CFO | 8/12/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.