

1.) CORPORATION NAME:

Xylem LSW Inc. (USED IN VA BY: Xylem Inc.)

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1877044**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1133 WESTCHESTER AVENUE

CITY/ST/ZIP: WHITE PLAINS, NY 10604

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.

<p>NAME: GRETCHEN MCCLAIN TITLE: PRES/CEO/CHAIR ADDRESS: 1133 WESTCHESTER AVE. CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: NICHOLAS ANTHONY TITLE: VICE PRESIDENT ADDRESS: 1133 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SAMIR PATEL TITLE: SR. VP / TREAS ADDRESS: 1133 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: COLIN R. SABOL TITLE: VICE PRESIDENT ADDRESS: 1133 WESTCHESTER AVE. CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL SPEETZEN TITLE: SR. VP/ CFO ADDRESS: 1133 WESTCHESTER AVE. CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANGELA A BUONOCORE TITLE: VICE PRESIDENT ADDRESS: 1133 WESTCHESTER AVENUE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBYN T MINGLE VICE PRESIDENT 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L KUCHENBROD VICE PRESIDENT GESALLAGEN 33 , , SE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER R MCINTIRE VICE PRESIDENT 600 UNICORN PARK DRIVE WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH NAPOLITANO VICE PRESIDENT 8200 N. AUSTIN AVENUE MORTON GROVE, IL 60053	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E WOLPERT VICE PRESIDENT 17942 COWAN IRVINE, CA 92614	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P CONNOLLY VICE PRESIDENT 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OZZIE LLANES VICE PRESIDENT 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RINA E TERAN ASST SECRETARY 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY WANG ASST TREASURER 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARKOS I TAMBAKERAS DIRECTOR 6815 EAST CABALLO DRIVE PARADISE VALLEY, AZ 85253	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R LORANGER DIRECTOR 500 MAMARONECK AVENUE HARRISON, NY 10528	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GRETCHEN W MCCLAIN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1133 WESTCHESTER AVENUE
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604

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/ NICHOLAS ANTHONY	NICHOLAS ANTHONY, VICE	10/7/2013
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRESIDENT 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.