


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000006045  
 1. Entity Name  
 SENSUS METERING SYSTEMS INC.



Principal Place of Business      Mailing Address  
 8601 SIX FORKS ROAD      8601 SIX FORKS ROAD  
 RALEIGH, NC 27615      RALEIGH, NC 27615

**DO NOT WRITE IN THIS SPACE**



4. FEI Number      Applied For  
 51-0338883      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000608163  
 01/31/07-80066-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HARNES, DANIEL W 8601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAINZ, PETER 8601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SENERI, BARRY W 8601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEELY, R. DOUGLAS 8601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URAM, GEORGE 8601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCHANAN, MICHAEL S 8601 SIX FORKS RD RALEIGH, NC 27615

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael S. Buchanan*    Asst. Secy    1/16/07    919-845-4029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #