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ACCOUNT NO. : 072100000032

REFERENCE 416056

7465119

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: June 8, 2005

ORDER TIME : 9:21 AM

ORDER NO. : 416056-060

CUSTOMER NO: 7465119

CUSTOMER: Kelly Alberson

American Meter Company

Suite 140

132 Welsh Road Horsham, PA 19044

CHANGE OF AGENT

NAME: ELSTER ELECTRICITY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

0 , ,	J				
1. The name of the limite	d liability company is:	ELSTER E	LECTRICITY, I	JEC .	
2. The mailing address of	the limited liability c	ompany is:	201 South Ro	odgers Lane,	
Raleigh, NC 27610			<u>.</u>	*	
D					
December 16, 2002  3. Date of filing/registrati	on in Florida		M0200000334 4. Document:		
J. Date of Hingricgistati	On in i ionaa		4. Document	namba	
5. The name of the registe Florida Department of S		stered office	address as shov	vn on the records of the	
	C T Cor	poration S	ystem	<del></del>	
		Name			
	1200 South	h Pine Işla Address	ind Road	- 40 8	
Plantation, FL 33324					
		, State and Z		一些。	
6. The name and address of	of the new registered a	agent and/or o	office:	FILED PH II 10 SECRET STATE TALLAHASSEE, FLORE	
	Corporatio	n Service	Company	70 5	
		Name			
-		Hays Stree		_	
	Florida street addres	ss (P.O. Box)	NOT acceptable	e)	
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of Signature of a member or authorize	ange or changes are not the registered agent we have confirmed that the diability company or f the limited liability of the li	nade, the Flovill be identice change(s) was otherwise company.	rida street addre al. Or, in the ca vas/were author provided in the	ess of the registered office	
Maureen Cullen, Autho (Printed or typed name of signee)	rized Person		<i>n</i>		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative decept the obligation his document is being that the limited liabili	ngent and agree to the prop ns of my posit filed to mere ity company h	ree to act in this er and complet tion as register ly reflect a chai as been notifie	s capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.	
(Signature of Registered Agent)	ylvia Queppet, As	st V.P.			
Division	a of Componentions D	O Day 637	Tallahagga	ET 22214	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

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