

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003345

Entity Name: ELSTER ELECTRICITY, LLC

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

208 SOUTH ROGERS LANE
RALEIGH, NC 27610

New Principal Place of Business:

Current Mailing Address:

208 SOUTH ROGERS LANE
RALEIGH, NC 27610

New Mailing Address:

FEI Number: 16-1636768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMERICAN METER COMPA, NY
Address: 132 WELSH RD, STE 140
City-St-Zip: HORSHAM, PA 190442234

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUNDAY, MARK
Address: 208 SOUTH ROGERS LANE
City-St-Zip: RALEIGH, NC 27610

Title: MGRM () Change (X) Addition
Name: SCHMITT, RAYMOND
Address: 208 SOUTH ROGERS LANE
City-St-Zip: RALEIGH, NC 27610

Title: MGRM () Change (X) Addition
Name: HOFFMAN, HERBERT
Address: 208 SOUTH ROGERS LANE
City-St-Zip: RALEIGH, NC 27610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK MUNDAY

MGRM

03/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date