

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003815

1. Corporation Name
AMETEK, INC.

Principal Place of Business
**STATION SQUARE
PAOLI PA 19301**

Mailing Address
**STATION SQUARE
PAOLI PA 19301**

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90209 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1997

4. FEI Number
14-1682544

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ DELETE
NAME **BLANKLEY, WALTER E**
STREET ADDRESS **STATION SQUARE**
CITY-ST-ZIP **PAOLI PA 19301**

TITLE **D** ☐ DELETE
NAME **COLE, LEWIS G ESQ.**
STREET ADDRESS **180 MAIDEN LANE**
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE **D** ☐ DELETE
NAME **FRIEDLAENDER, HELMUT N**
STREET ADDRESS **60 E. 42ND ST., STE. 3820**
CITY-ST-ZIP **NEW YORK NY 10165**

TITLE **D** ☐ DELETE
NAME **GORDON, SHELDON S**
STREET ADDRESS **1330 AVE. OF THE AMERICAS, 5TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ DELETE
NAME **KLEIN, CHARLES D**
STREET ADDRESS **122 E. 42ND ST., 24TH FL.**
CITY-ST-ZIP **NEW YORK NY 10168**

TITLE **D** ☐ DELETE
NAME **MALONE, JAMES R**
STREET ADDRESS **8889 PELICAN BAY BLVD.**
CITY-ST-ZIP **NAPLES FL 34108**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)