

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90005 007 ***550.00

DOCUMENT # F97000003815

1. Entity Name

AMETEK, INC.



Principal Place of Business

Mailing Address

STATION SQUARE
PAOLI PA 19301

STATION SQUARE
PAOLI PA 19301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1682544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	BLANKLEY, WALTER E	
STREET ADDRESS	STATION SQUARE	
CITY-ST-ZIP	PAOLI PA 19301	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, LEWIS G ESQ.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDLAENDER, HELMUT N	
STREET ADDRESS	60 E. 42ND ST., STE. 3820	
CITY-ST-ZIP	NEW YORK NY 10165	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, SHELDON S	
STREET ADDRESS	1330 AVE. OF THE AMERICAS, 5TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, CHARLES D	
STREET ADDRESS	122 E. 42ND ST., 24TH FL.	
CITY-ST-ZIP	NEW YORK NY 10168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE, JAMES R	
STREET ADDRESS	8889 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth R. Varet	
STREET ADDRESS	122 East 42nd Street	
CITY-ST-ZIP	New York, NY 10168	

13. 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 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 11 or Block 12 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 #

Erwin Stoltzfus
ERWIN STOLTZFUS

5/31/00

610 889 5251

CR2E034 (9/99)