

FILED
Apr 17, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000006502

1. Entity Name
AMERICAN METER COMPANY



Principal Place of Business

**132 WELSH ROAD
SUITE 140
HORSHAM, PA 19044**

Mailing Address

**132 WELSH ROAD
SUITE 140
HORSHAM, PA 19044**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1119143** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
LOUZZE, GERALD A
132 WELSH ROAD, SUITE 140
HORSHAM, PA 19044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BECKER, HOWARD S
132 WELSH ROAD, SUITE 140
HORSHAM, PA 19044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITESEL, WILLIAM T
132 WELSH ROAD, SUITE 140
HORSHAM, PA 19044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOFFMAN, HERBERT E
132 WELSH RD., SUITE 140
HORSHAM, PA 19044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BROWN, C. KELSEY
132 WELSH RD., SUITE 140
HORSHAM, PA 19044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000513000
04/29/06-80112-004 150.0

**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, 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 #

4/13/06