

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000005289

Entity Name: AMETEK HSA, INC**Current Principal Place of Business:**7841 N.W. 56TH STREET
MIAMI , FL 33166-3523**Current Mailing Address:**1100 CASSATT ROAD
BERWYN, PA 19312 US**FEI Number:** 26-3731624**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title S
Name SENA, KATHRYN E
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title DIRECTOR
Name BURKE, WILLIAM T
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title VP
Name FEIT, ROBERT S
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title D
Name HARDIN, JOHN W
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title VP
Name DAS, RANA
Address 7841 N.W. 56TH STREET
City-State-Zip: MIAMI FL 33166-3523

Title TREASURER
Name PAVE, MARK S
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title ASST. TREASURER
Name FRANK, DAVID A
Address 1100 CASSATT ROAD
City-State-Zip: BERWYN PA 19312

Title PRESIDENT
Name HOFFMAN, BRIAN A
Address 7841 N.W. 56TH STREET
City-State-Zip: MIAMI FL 33166-3523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. FRANK

ASST. TREASURER

07/06/2016

Electronic Signature of Signing Officer/Director Detail

Date