PUTAGE DEAD	A	· · · · · · · · · · · · · · · · · · ·	<u>, </u>		NO THE F	ODM	
PLEASE READ APPLICATION			S BEFORE C NT OF STATE	7	NG THIS FO	YMIVI.	
FOR		Sandra B. Mo	rtham	}	and t		
REINSTATEMENT		Secretary of Secretary of S	. •				
DOCUMENT # F030005917					-		
1. Corporation Name Landis & Gyr Utilities Services, Inc				99 JAN 22 PM 12: 43			
FIRIA Landis a Gyr EMERGE				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address 3681 Sagamore Parkway North				5000027549059 -01/26/9901048012			
hatayetre In				***1050.00 ***1050.09			
リュマック If above addresses are incorrect in any way, line through incorrect information and enter correction						(11-41
New Principal Office Address, If Applicable		ng Office Address, If		4. Date Incorporated or Qualified To Do Business in Florida December 21, 1993			
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc			5. FEI Number	er Applied For		
City & State	City & State			<u>35</u> ~	35-1906509 Not Applicable		
Zipi Country	Zip	Count	γ , –		OF STATUS DESIRED	S8.75 Additional for a Certificat	Fee required te of Status
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit Name of Officers			eet Address of Each	i - I	4 - 1 to 1		
Title(s) 2 and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) (800 Deer Field P		lumbers)	4	City / State / Zip	
chairmn John Grad			Veer Fie	19 b cm	Buffal	lo Grove:	IL
President Hans Schlatter		Siemens Drive			249	SwiTzer	rland
Mariner John Howell		3601 Sagamore PKWY			Lafaye	TTE IN	47983
Previd John Boucher		3601 Sagamore Plany			Lafay	ette In	-
earing George T. Burele Jr.		[000	1000 Deer Freld PKWY			lo Grave	~
Secrety Walter W.W.	1000 Deerfield PKmy				Buffalo Grove IL		
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Regi	stered Agent	1/ 1/2
CT. Corp System 1200 South Pine Island Reservations 170. Boxh					s Not Acceptable)		122/18 E
A Plantation	E	22204	City	v ficiali		State Zip Code	5
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						FL/	
Signature of Registered Agent July Sugar					Date	4-99	
REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							on
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: J. R. D.	for	vell	_	_	1-4-	79 9 42	1001
SIGNATURE AND TYPED OR PRIN	TED NAME OF SI	GNING OFFICER OR	DIRECTOR		Date	Daytime Phone #	