

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003815	
1. Entity Name AMETEK, INC.	
Principal Place of Business STATION SQUARE PAOLI, PA 19301	Mailing Address 37 NORTH VALLEY ROAD BUILDING 4 PAOLI, PA 19301



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1682544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	COD HERMANCE, FRANK P O BOX 1764 PAOLI, PA 19301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, LEWIS G ESQ. 180 MAIDEN LANE NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLAENDER, HELMUT N 60 E. 42ND ST., STE. 3820 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, SHELDON S 1330 AVE. OF THE AMERICAS, 5TH FL. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, CHARLES D 122 E. 42ND ST., 24TH FL. NEW YORK, NY 10168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARET, ELIZABETH 122 E 42ND ST NEW YORK, NY 10168

U00000769380
07/18/07-80004-005 550.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **7-8-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #