


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-28-2005 90239 017 \*\*\*150.00  
F98000006502

<b>DOCUMENT # F98000006502</b> 1. Entity Name <b>AMERICAN METER COMPANY</b>						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 APR 28 PM 4:10</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FL 32399</div>	
Principal Place of Business <b>300 WELSH ROAD BUILDING ONE HORSHAM, PA 19044-2234</b>				Mailing Address <b>300 WELSH ROAD BUILDING ONE HORSHAM, PA 19044-2234</b>			
2. Principal Place of Business <b>132 Welsh Rd.</b> Suite, Apt. #, etc. <b>Suite 140</b> City & State <b>Horsham, PA</b> Zip <b>19044</b>				3. Mailing Address <b>132 Welsh Rd.</b> Suite, Apt. #, etc. <b>Suite 140</b> City & State <b>Horsham, PA</b> Zip <b>19044</b>			
Country <b>USA</b>				Country <b>USA</b>			
4. FEI Number <b>06-1119143</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO LANZZE, GERALD A 300 WELSH ROAD, BLDG. 1 HORSHAM, PA 19044</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO Lauzze, Gerald A. 132 Welsh Rd., Ste 140 Horsham, PA 19044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BECKER, HOWARD S 300 WELSH ROAD, BLDG. 1 HORSHAM, PA 19044</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Becker, Howard S. 132 Welsh Rd., Ste 140 Horsham, PA 19044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WHITESL, WILLIAM T 300 WELSH ROAD, BLDG. 1 HORSHAM, PA 19044</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Whitesel, William T. 132 Welsh Rd., Ste 140 Horsham, PA 19044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHANER, KENNETH I 300 WELSH RD., BLDG. ONE HORSHAM, PA 19044</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S Hoffman, Herbert E. 132 Welsh Rd., Ste 140 Horsham, PA 19044</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS C. Kelsey Brown 132 Welsh Rd., Ste. 140 Horsham, PA 19044</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>C. K. B.</u> <b>AS.</b>				Date <u>2/25/05</u> Daytime Phone # <u>215-930-1840</u>			