

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005566****1. Entity Name**
SENTRY METERING SYSTEMS, L.L.C.

Principal Place of Business 17600 STATE ROAD 50 WINTER GARDEN FL	Mailing Address 17600 STATE ROAD 50 WINTER GARDEN FL
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2. Principal Place of Business 971 E. PLANT STREET Suite, Apt. #, etc.	3. Mailing Address 971 E. PLANT STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WINTER GARDEN FL	City & State WINTER GARDEN FL	4. FEI Number 59-3599082	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34787	Country US	Zip 34787	Country FL
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLICK ROBERT H 17600 STATE ROAD 50 WINTER GARDEN FL US	7. Name and Address of New Registered Agent Name WALLICK ROBERT H Street Address (P.O. Box Number is Not Acceptable) 312 E. GENEVA STREET City OCOE FL Zip Code 34761
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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.**SIGNATURE** _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLICK ROBERT H 312 E. GENEVA STREET OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE:** Robert H. Wallick **MGR** **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)