# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # M00000001997

1. Entity Name
GE IUSA METERS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 41 WOODFORD AVE<br>PLAINVILLE, CT 06062 | P.O. BOX 2216<br>SCHENECTADY, NY 12301 |

**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2069372
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE 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)

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000140152
04/29/04-80150-013 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | VAT |
| NAME | BUCHANAN, MARK E |
| STREET ADDRESS | 12 CORPORATE WOODS BLVD |
| CITY-ST-ZIP | ALBANY, NY 12211 |
| TITLE | VAT |
| NAME | MELITA, BARBARA A |
| STREET ADDRESS | 12 CORPORATE WOODS BLVD |
| CITY-ST-ZIP | ALBANY, NY 12211 |
| TITLE | VAT |
| NAME | BOOTH, WILLIAM W |
| STREET ADDRESS | 12 CORPORATE WOODS BLVD |
| CITY-ST-ZIP | ALBANY, NY 12211 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** B A Melita BARBARA A. MELITA VP & AT 4/20/04 (518) 433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #