

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M00000001997</b><br>1. Entity Name<br>GE IUSA METERS LLC |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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

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01072004 No Chg-LLC

CR2E083 (10/03)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>52-2069372                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

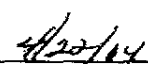
**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000140152  
04/29/04-80150-013 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAT<br>BUCHANAN, MARK E<br>12 CORPORATE WOODS BLVD<br>ALBANY, NY 12211  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAT<br>MELITA, BARBARA A<br>12 CORPORATE WOODS BLVD<br>ALBANY, NY 12211 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAT<br>BOOTH, WILLIAM W<br>12 CORPORATE WOODS BLVD<br>ALBANY, NY 12211  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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