

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006146

Entity Name: HYDRAMETRICS, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

7131 20TH AVENUE NORTH, SUITE 600
CENTERVILLE, MN 55038

New Principal Place of Business:

Current Mailing Address:

PO BOX 250
CIRCLE PINES, MN 55014

New Mailing Address:

FEI Number: 20-0341849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THORNTON, ROLLIN
Address: 6 PINE TREE DRIVE #330
City-St-Zip: ARDEN HILLS, MN 55112

Title: MGRM () Delete
Name: MCGAULEY, KEVIN
Address: 7131 20TH AVENUE NORTH, SUITE 600
City-St-Zip: CENTERVILLE, MN 55038

Title: MGRM () Delete
Name: ROBERTS, PAUL
Address: 7131 20TH AVENUE NORTH, SUITE 600
City-St-Zip: CENTERVILLE, MN 55038

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL ROBERTS

MEMB

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date