

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25873

(1)

1. Corporation Name
ITRON, INC.

Principal Place of Business

2818 N SULLIVAN RD
SPOKANE WA 99216
US

Mailing Address

PO BOX 15288
SPOKANE WA 99215-5288
US

3. Date Incorporated or Qualified

08/29/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

91-1011792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, JOHNNY M.	
STREET ADDRESS	2818 N SULLIVAN R	
CITY - ST - ZIP	SPOKANE WA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JAMES E.	
STREET ADDRESS	2818 N SULLIVAN RD	
CITY - ST - ZIP	SPOKANE WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLAIR, MARILYN	
STREET ADDRESS	2818 N SULLIVAN RD	
CITY - ST - ZIP	SPOKANE WA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCARPELLI, JEMIMA	
STREET ADDRESS	2818 N SULLIVAN RD	
CITY - ST - ZIP	SPOKANE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIASSEN, JON E	
STREET ADDRESS	2818 N SULLIVAN RD	
CITY - ST - ZIP	SPOKANE WA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	REDMOND, PAUL	
STREET ADDRESS	2818 N SULLIVAN RD	
CITY - ST - ZIP	SPOKANE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL BRACY	
1.3 STREET ADDRESS	2818 N SULLIVAN R	
1.4 CITY - ST - ZIP	SPOKANE WA	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TED DEMIRIT	
2.3 STREET ADDRESS	2818 N SULLIVAN RD	
2.4 CITY - ST - ZIP	SPOKANE WA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY ANN PETERS	
3.3 STREET ADDRESS	2818 N SULLIVAN RD	
3.4 CITY - ST - ZIP	SPOKANE WA	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD WHITE	
4.3 STREET ADDRESS	2818 N SULLIVAN RD	
4.4 CITY - ST - ZIP	SPOKANE WA	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GRAHAM WILSON	
5.3 STREET ADDRESS	2818 N SULLIVAN RD	
5.4 CITY - ST - ZIP	SPOKANE WA	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARL ARON	
6.3 STREET ADDRESS	2818 N SULLIVAN RD	
6.4 CITY - ST - ZIP	SPOKANE WA	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/1997 509/891-3488

CR2E034 (9/96)