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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

DOCUMENT # P25873

(1)

ITRON, INC.

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|--|--|---|--|---|--|
| Principal Place  |  | Mailing Address   |  |   |  |
| 2818 N SULLIVAN RD<br>SPOKANE WA 99216<br>US   |  | PO BOX 15288<br>SPOKANE WA 99215-526  | 88   |   |  |
|  |  | us  |  | 3. Date Incorporated or Qualified 08/29/1989  | 3a. Date of Last Report 05/01/1996   |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address   |  | 4. FEI Number   | Applied For  |
| ]  |  | 26  |  | 91-1011792  | Not Applica  |
| Suite, Apt   | #, etc   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additiona   |
| City & Close   | · · · · · · · · · · · · · · · · · · ·  | City & State  |  | A Shartan Consultan Florancia   | Fee Required   |
| City & State   | е  | <del>                                     </del>                                    |  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be  Added to Fees   |
| Zipi   | Country  | 28  <br>  | Country  | 8. This corporation has liability for   |  |
|  | 25   | 29  | 30   |   | Yes No   |
| <b>1</b>   | 9. Name and Address of Curre   |   |  | 10. Name and Address of New Re  | gistered Agent   |
| CT C   | CORPORATION SYSTEM   |   | 81 Name  |   |  |
| 1200   | S. PINE ISLAND ROAD  |   | 82 Street  | Address (P.O. Box Number is Not Acceptate   | ole)   |
| Plan   | NTATION FL 33324   |   |  |   |  |
|  |  |   | 83   |   |  |
|  |  |   | <b>84</b> City   | 44 4 44 4 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4  | 85 Zip Code  |
|  |  |   |  |   | - <b>FL</b>  |
| <ol> <li>Pursuant I</li> </ol>   | to the provisions of Sections 607.05   | 02 and 607.1508, Florida Stat   | tutes, the above-named   | t corporation submits this statement for the propertion's board of directors. I hereby access   | ourpose of changing its register<br>of the appointment as registers                  |
| agont has  | ini familiar with, and accept the obli   | gations of, Section 607.0505,   | Florida Statutes.  | d corporation submits this statement for the properties of directors. I hereby acceptions are submits the statement for the properties of the properties of the statement for the properties of | prisite appointment as registere   |
| agon ra  |  |   |  |   |  |
| IGNATURE   |  |   |  |   |  |
| IGNATURE   | Signative Typics or purified name of rug stored as   | gent and trie if applicable (N  | NOTE: Registered Agent signatur  | e required when reinstating)  | DATE   |
| IGNATUHE   | Signative: typicd or printed name of rog seried a  | gorit and life if applicable (N<br>ND DIRECTORS                                     | NOTE: Registered Agent signatur  | e required when reinerating)  ADDITIONS/CHANGES TO OFFICE   | DATE CERS AND DIRECTORS IN 12  |
| IGNATURE<br>2.   | Superior typed or ported name of our sered at OFF ICERS AI   | gent and trie if applicable (N  | NOTE: Registered Agent signatur  13. 1.1 TITLE   | e required when reinstating)  ADDITIONS/CHANGES TO OFFICE  D  | DATE   |
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| IGNATURE  2. THE  AME  DREET APPRESS   | Signature hypert or printed name of rog stored as<br>OFFICERS AT<br>PD<br>HUMPHREYS, JOHNNY M.<br>2818 N SULLIVAN R  | gorit and life if applicable (N<br>ND DIRECTORS                                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | ADDITIONS/CHANGES TO OFFICE D MICHAEL BRACY 2818 N SULLIVAN R   | DATE CERS AND DIRECTORS IN 12  |
| IGNATURE  2. ILE AME IREE LAPORESS ITY-SE ZIP  | Suprable typical or printed name of rogistered at OFFICERS AT PD HUMPHREYS, JOHNNY M. 2818 N SULLIVAN R SPOKANE WA   | gent and the if applicable (N<br>ND DIRECTORS DELETE                                | NOTE: Registered Agent signatur  13. 1.1 TITLE 1.2 NAME  | D MICHAEL BRACY 2818 N SULLIVAN R SPOKANE WA  | DATE CERS AND DIRECTORS IN 12 Change ( ) Add   |
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