

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002942

Entity Name: ITRON NETWORKED SOLUTIONS, INC.**Current Principal Place of Business:**2111 N. MOLTER ROAD
LIBERTY LAKE, WA 99019**Current Mailing Address:**2111 N. MOLTER ROAD
LIBERTY LAKE, WA 99019 US**FEI Number:** 43-1966972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR
Name WRIGHT, DAVE
Address 2111 N. MOLTER ROAD
City-State-Zip: LIBERTY LAKE WA 99019

Title TREASURER
Name WRIGHT, DAVE
Address 2111 N. MOLTER ROAD
City-State-Zip: LIBERTY LAKE WA 99019

Title DIRECTOR
Name HARTMAN, CHRISTOPHER
Address 1250 S. CAPITAL OF TEXAS HIGHWAY
BUILDING 3 SUITE 300
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR
Name VACH, JOEL
Address 2111 N. MOLTER ROAD
City-State-Zip: LIBERTY LAKE WA 99019

Title SECRETARY
Name HLAIVINKA, SARAH
Address 1250 S. CAPITOL OF TX HIGHWAY
BUILDING 3 SUITE 300
City-State-Zip: AUSTIN TX 78746

Title PRESIDENT/CEO
Name DEITRICH, THOMAS
Address 1250 S. CAPITOL OF TX HIGHWAY
BUILDING 3 SUITE 300
City-State-Zip: AUSTIN TX 78746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH HLAIVINKA**SECRETARY****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date