


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90059 001 ***150.00

DOCUMENT # 841521
 1. Entity Name
BADGER METER, INC.



Principal Place of Business
**4545 W. BROWN DEER RD.
 MILWAUKEE, WI 53223**

Mailing Address
**4545 W. BROWN DEER RD.
 MILWAUKEE, WI 53223**

44004477



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
39-0143280

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME VDC SMILEY, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS 4545 W BROWN DEER RD.	
CITY-ST-ZIP MILWAUKEE, WI 53223	
TITLE NAME P MEEUSN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 4545 W. BROWN DEER RD.	
CITY-ST-ZIP MILWAUKEE, WI	
TITLE NAME CD WRIGHT, JAMES O	<input type="checkbox"/> Delete
STREET ADDRESS 4545 W BROWN DEER RD	
CITY-ST-ZIP MILWAUKEE, WI 53223,	
TITLE NAME VPS ELLIOTT, DEIRDRE C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4545 W BROWN DEER RD	
CITY-ST-ZIP MILWAUKEE, WI 53223,	
TITLE NAME V DIX, RONALD H.	<input type="checkbox"/> Delete
STREET ADDRESS 4545 W BROWN DEER RD.	
CITY-ST-ZIP MILWAUKEE, WI 53223,	
TITLE NAME PD FORBES, JAMES L	<input type="checkbox"/> Delete
STREET ADDRESS 4545 W BROWN DEER RD	
CITY-ST-ZIP MILWAUKEE, WI 53223,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME YT Johnson, Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4545 W Brown Deer Rd	
CITY-ST-ZIP Milwaukee, WI 53223	
TITLE NAME VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Smiley Date: 1/14/04 Daytime Phone #: (414) 355-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR