


**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90130 035 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841521**

1. Corporation 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/28/1978</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>39-0143280</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDER HYDEN, WILLIAM	1.2 NAME	
STREET ADDRESS	4545 W BROWN DEER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53223	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEUSN, RICHARD	2.2 NAME	
STREET ADDRESS	4545 W. BROWN DEER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JAMES O	3.2 NAME	
STREET ADDRESS	4545 W BROWN DEER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53223	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, DEIRDRE C	4.2 NAME	
STREET ADDRESS	4545 W BROWN DEER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53223	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, RONALD H.	5.2 NAME	
STREET ADDRESS	4545 W BROWN DEER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53223	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, JAMES L	6.2 NAME	
STREET ADDRESS	4545 W BROWN DEER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53223	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Beverly Shiley **BEVERLY SHILEY** **CONTROL** **RED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Beverly Shiley - Controller  
 Richard A. Meeusen  
 Richard A. Meeusen  
 V.P. - Finance, CFO & Treasurer

Date: 2/11/99  
 Daytime Phone #: (414) 355-0400

CR2E034 (1/1/98)