

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90088 034 ***158.75

DOCUMENT # 841521

1. Entity Name

BADGER METER, INC.

Principal Place of Business

Mailing Address

4545 W. BROWN DEER RD.
 MILWAUKEE WI 53223

4545 W. BROWN DEER RD.
 MILWAUKEE WI 53224-9536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0143280**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	VANDER HYDEN, WILLIAM	
STREET ADDRESS	4545 W BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE WI 53223	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEEUSN, RICHARD	
STREET ADDRESS	4545 W. BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WRIGHT, JAMES O	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ELLIOTT, DEIRDRE C	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIX, RONALD H.	
STREET ADDRESS	4545 W BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORBES, JAMES L	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Smiley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00 414-355-0400
 Date Daytime Phone #