

Street Address

Director Name

Street Address

AUTHORIZED SHARES

1,000 COMM \$0.01 PAR VALUE

Number of Shares

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Zıp

Zφ

Par Value

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2005

Zip

Zip

Par Value

illing Period: Janua FORM MUST BE TYPED	rry 1 - March I •	Filing Fee: \$50.00					
. Corporate ID No.	2 Name of Corpo	ration			-		
134593	Neptune T	echnology Group Inc	; .				
3. Street Address Principal			City	State	Zip		
1600 ALI	ABAMA HWY	229	TALLAS.	SEE AL	36078	8	
l. Business Phone No.		5. State of Incorp			6. SIC Code		
334-983	6555	DELAWAR	RE				
TO SELL MANI COMPANIES A NAMES AND ADD	Chancter of Business Conducti IUFACUTURED METERS AND MUNICIPALITIES PRESSES OF THE OFFICE	AND SYSTEMS TO BI		DUCT DISTRIBUTORS, WATE			
inei Address			Street Address				
SAME			Sami	Sama			
Tuy	State	Zip	Cuy	State	Zip		
	M. Russo	L	Treasurer Name	J	J		
SAME			Street Address	Street Address			
Äţŗ	State	Zip	City	State	Ζφ		
. NAMES AND ADD	 DRESSES OF THE DIREC	 CTORS: <i>("X" ROX F</i>	: FOR ATTACHMENT) □	 FILL IN SPACES BEFORE	 USING ATTACHMENTS	2	
 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name 			Director Name	· =			
SAME AS ABOUR							

Street Address

Street Address

ISSUED SHARES

Number of Shares

SAME

City

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	134593
File Date FIL	ED 263427
^{Ву:} — Ву	TARY OF STATE USE ONLY

State

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Inder penalty of perjury, I declare and affirm	that I have examined this report,
icluding any accompanying schedules and s	tatements, and that all statements
ontaying herein are true and correct.	
Jamere Wiesso	03/10/2005
gnature of Officer	Date
LAWRENCE M. RUS	02.2
rint or Type Name of Officer	
	ec Retary
itle of Officer	ľ
	Form 630 Rev. 12/03

State

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIN		Fee: \$50.00					
1. Corporate ID No	2. Name of Corporation		 -		·		
134593							
134593 Neptune Technology Group Inc. 3 Street Address Principal Business Office			City	State	Zip		
1600 ALABAMA HWY 2:	29		TALLASSEE	ALABAMA	36078		
334-283-6555		5. State of Incorporation DELAWARE			6. SIC Code 3824		
7. Brief Description of the Character of TO SELL MANUFACUTUR COMPANIES AND MUNIC RESIDENCE AND ADDRESSES President Name	RED METERS AND SY	hode Island STEMS TO BUSINESS	SES, WATER PRODUCT DIS	TRIBUTORS, WATER DIS	TRIBUTION		
CHARLES C. DILAURA			JIM MANNEBACH				
Since Address 1600 ALABAMA HWY 229			Sincer Address 1600 ALABAMA HWY 229				
City TALLASSEE	State AL	^{Zφ} 36078	City TALLASSEE	State ALABAMA	<i>Σιρ</i> 36078		
Secretary Name LAWRENCE M. RUSSO			Treasurer Name MARTIN HEADLE	Υ			
Street Address			Street Address	1			
1600 ALABAMA HWY 22	29		1600 ALABAMA HWY 229				
TALLASSEE	State ALABAMA	<i>Zip</i> 36078	TALLASSEE	State ALABAMA	^{Zip} 36078		
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	· · · · · · · · · · · · · · · · · · ·	IN SPACES BEFORE USIN	NG ATTACHMENTS		
CHARLES C. DILAURA			Director Name JIM MANNEBACH				
Street Address		· -	Sinct Address				
SAME AS ABOVE		,	SAME AS ABOVE				
Сиу	State	Zip	City	State	Zip		
Director Name	J	J	Director Name				
Street Address		 .	Street Address				
City	State	Zıp	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA 	 <i>CHMENT)</i>	11. SHARES ISSUED ISSUED SHARES	 (*X" BOX FOR ATTACH	MENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 COMM \$0.01 PAR VALU	JE		1000	Comm	×.01		
This report must be s	signed in ink by either	er the President, Vice	including any accor	erjury, I declare and affirm th mpanying schedules and stat	Receiver or Trustee nat I have examined this report ements, and that all statement		
FOR SECRETARY OF STATE LISE ONLY			Signature of Officer LAWRENCE M Print or Type Name VP FINANCE	. RUSSO	02/19/04 Date		
FOR SECRETARY OF STATE USE ONLY			Title of Officer				