

SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210502500

1.) CORPORATION NAME:

BADGER METER, INC.

DUE DATE: **10/29/2010**

SCC ID NO: **F0340556**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4545 WEST BROWN DEER ROAD

CITY/ST/ZIP: MILWAUKEE, WI 53223-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRED J BEGALE	
TITLE:	VICE PRESIDENT	
ADDRESS:	4545 W BROWN DEER RD	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53223-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD A MEEUSEN	
TITLE:	PRESIDENT	
ADDRESS:	4545 W BROWN DEER RD	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53223-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD E. JOHNSON	
TITLE:	VP/TRES	
ADDRESS:	4545 W BROWN DEER RD	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53223-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM R BERGUM	
TITLE:	VP-CORP COUN/S	
ADDRESS:	4545 W BROWN DEER RD	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53223-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BEVERLY SMILEY	
TITLE:	VP-CONTROLLER	
ADDRESS:	4545 W BROWN DEER RD	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53223-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD H DIX DIRECTOR 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY M GOMEZ VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HORST E GRAS VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND G SERDYNSKI VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY K STOLL VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS J WEBB VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIE J ZAHN VICE PRESIDENT 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J FISCHER DIRECTOR 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GALE E KLAPPA DIRECTOR 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J POLICANO DIRECTOR 4545 W BROWN DEER RD MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVEN J SMITH TITLE: DIRECTOR ADDRESS: 4545 W BROWN DEER RD CITY/ST/ZIP/CO: MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN J STOLLENWERK TITLE: DIRECTOR ADDRESS: 4545 W BROWN DEER RD CITY/ST/ZIP/CO: MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TODD J TESKE TITLE: DIRECTOR ADDRESS: 4545 W BROWN DEER RD CITY/ST/ZIP/CO: MILWAUKEE, WI 53223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BEVERLY SMILEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BEVERLY SMILEY, VP- CONTROLLER PRINTED NAME AND CORPORATE TITLE	9/28/2010 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.