

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211505149

1.) CORPORATION NAME:

**AMETEK, INC.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1704149**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 37 NORTH VALLEY ROAD BUILDING 4  
P.O. BOX 1764

CITY/ST/ZIP: PAOLI, PA 19301-0801

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.

NAME: DAVID A. ZAPICO  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 37 NORTH VALLEY ROAD BUILDING 4  
P.O. BOX 1764  
CITY/ST/ZIP/CO: PAOLI, PA 19301-0801

NAME: DAVID A FRANK  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 37 NORTH VALLEY ROAD BUILDING 4  
P.O. BOX 1764  
CITY/ST/ZIP/CO: PAOLI, PA 19301-0801

NAME: JOHN J. MOLINELLI  OFFICER  DIRECTOR  
TITLE: CFO/EVP  
ADDRESS: 37 NORTH VALLEY ROAD BUILDING 4  
P.O. BOX 1764  
CITY/ST/ZIP/CO: PAOLI, PA 19301-0801

NAME: KATHRYN E. SENA  OFFICER  DIRECTOR  
TITLE: CORP SEC  
ADDRESS: 37 NORTH VALLEY ROAD BUILDING 4  
P.O. BOX 1764  
CITY/ST/ZIP/CO: PAOLI, PA 19301-0801

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK S. HERMANCE CEO/COB 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIZIANO BARNI VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY A. BECK VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD W. CARLSON VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARALD PREBEN CAROE VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY F. CROAL VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEIDRE E. CUSACK VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER C. DE JONG VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN H. DEVENISH VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK J. FARRIS ASST SECRETARY 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT S. FEIT GEN COUNSEL/SVP 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW C. FRENCH VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELMUT N. FRIEDLAENDER DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHELDON S. GORDON DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLAN IMRIE VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LIM MENG KEE VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON P. KIDDER VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES D. KLEIN DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN W. KOHLHAGEN DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P. LAWSON CIO/VP 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A. MADAMBA VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R. MALONE DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT R. MANDOS Comptroller/SVP 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C. MARECIC VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. IAN MCGAVISK VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY MYERS VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S. PAVE ASST TREASURER 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY J. POLICARE ASST SECRETARY 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. ROSZKOWSKI ASST SECRETARY 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE M. SCHIER VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER V. SMITH VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID P. STEINMANN DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH R. VARET DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. VISNIC VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS K. WILLIAMS DIRECTOR 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE P. WILSON VICE PRESIDENT 37 NORTH VALLEY ROAD BUILDING 4 P.O. BOX 1764 PAOLI, PA 19301-0801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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.

<u>/s/ DAVID A FRANK</u>	<u>DAVID A FRANK, VICE</u>	<u>3/7/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	DATE

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.