FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001017 (3)**

1. Corporation Name
FISHER HAMILTON SCIENTIFIC INC

Principal Place of Business	Mailing Address
1316 18TH STREET TWO RIVERS WI 54241 US	1316 18TH STREET TWO RIVERS WI 54241 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 39-1744782 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	P	1.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	MONTRONE, PAUL M.	1.2 NAME	Wendy J. Leist	
STREET ADDRESS	LIBERTY LANE	1.3 STREET ADDRESS	1316 18th STREET	
CITY-ST-ZIP	HAMPTON NH	1.4 CITY-ST-ZIP	Two Rivers, WI 54241	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	BARONE, ROBERT J	2.2 NAME		
STREET ADDRESS	LIBERTY LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH 03842	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	DIRKES, CLIFFORD T	3.2 NAME		
STREET ADDRESS	LIBERTY LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH 03842	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	SILLARS, SCOTT G.	4.2 NAME		
STREET ADDRESS	LIBERTY LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, JOHN E JR.	5.2 NAME		
STREET ADDRESS	55 MADISON AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962-1905	5.4 CITY-ST-ZIP		
TITLE	VTD	6.1 TITLE		☐ Change ☐ Addition
NAME	MEISTER, PAUL M	6.2 NAME		
STREET ADDRESS	LIBERTY LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH 03842	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Wendy J. Leist, Asst. Corp Secretary 4/18/95 414 794-6309
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

049230 FN