

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006116 (6)

1. Corporation Name

CEM INSTRUMENTS CORPORATION



Principal Place of Business

3100 SMITH FARM RD.
MATTHEWS NC 28106

Mailing Address

PO BOX 200
MATTHEWS NC 28106

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed below change of registered office and/or agent.

DATE: Registered Agent's signature required when changing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	COLLINS, MICHAEL J	☐ DELETE
NAME		3100 SMITH FARM RD.	
STREET ADDRESS		MATTHEWS NC 28106	
CITY-STATE-ZIP			
TITLE	P	PRENDERGAST, JIM A	☐ DELETE
NAME		3100 SMITH FARM RD.	
STREET ADDRESS		MATTHEWS NC 28106	
CITY-STATE-ZIP			
TITLE	ST	DECKER, RICHARD N	☐ DELETE
NAME		3100 SMITH FARM RD.	
STREET ADDRESS		MATTHEWS NC 28106	
CITY-STATE-ZIP			
TITLE	DC	NORELLI, RONALD A	☐ DELETE
NAME		200 S. TRYON ST.	
STREET ADDRESS		CHARLOTTE NC 28202	
CITY-STATE-ZIP			
TITLE	D	CHANON, JOHN L	☐ DELETE
NAME		1524 STANFORD PLACE	
STREET ADDRESS		CHARLOTTE NC 28204	
CITY-STATE-ZIP			
TITLE	D	CORRENTI, JOHN	☐ DELETE
NAME		2100 REXFORD RD.	
STREET ADDRESS		CHARLOTTE NC 28211	
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(k), 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:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)