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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
3100 SMITH FARM RD. MATTHEWS NC 28106	PO BOX 200 MATTHEWS NC 28106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 56-1019741 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MICHAEL J		1.2 NAME	
STREET ADDRESS	3100 SMITH FARM RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC 28106		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, RICHARD N		2.2 NAME	
STREET ADDRESS	3100 SMITH FARM RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC 28106		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORELLI, RONALD A		3.2 NAME	
STREET ADDRESS	200 S. TRYON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHANON, JOHN L		4.2 NAME	
STREET ADDRESS	1524 STANFORD PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28204		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CORRENTI, JOHN		5.2 NAME	
STREET ADDRESS	2100 REXFORD RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28211		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	300002430783
STREET ADDRESS			6.3 STREET ADDRESS	-02/16/98--01006--012
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

10/2/13

14. I hereby certify that the information supplied with this filing 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 _____ DATE

CR2E034 (10/97)