


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 038 ***150.00

DOCUMENT # P02236			
1. Entity Name METRACOMP INC.			
Principal Place of Business 5080 SPECTRUM DRIVE ADDISON, TX 75001 US		Mailing Address 130 SECOND AVE ATTN: CORP. TAX DEPT. WALTHAM, MA 02451 US	
2. Principal Place of Business		3. Mailing Address 77 So. Bedford St, Suite 200	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Corp Tax Dept	
City & State		City & State Burlington MA	
Zip	Country	Zip	Country
		01803	Massesey
4. FEI Number 06-1095987		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, THOMAS 720 COOL SPRINGS BLVD #300 FRANKLIN, TN 37067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP ANGST, MICHAEL 74 W CATAWISSA ST1177 6TH AVE 47TH FLOOR NESQUEHONING, PA 18240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec V.P James M. GREENWOOD 5080 Spectrum Dr. 1200 W. Tower Addison TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KIRALY, THOMAS E 5080 SPECTRUM DR 400 W TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5080 Spectrum Dr. 1200 W. Tower <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PARR, RICHARD A 5080 SPECTRUM DR 400 W TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5080 Spectrum Dr. 1200 W. Tower <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DANIEL J 5080 SPECTRUM DR 400 W TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5080 Spectrum Dr. 1200 W. Tower <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PICKENS, CECIL 720 COOL SPRINGS BLVD #300 FRANKLIN, TN 37067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst V.P - Corp Tax GARY CHUDEKEL 77 So. Bedford St. Burlington MA 01803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		GARY CHUDEKEL 4.14.05 781-790-5350 <small>Date Daytime Phone #</small>	