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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

03/15/1996

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COLLINS, MICHAEL J  
STREET ADDRESS 3100 SMITH FARM RD.  
CITY - ST - ZIP MATTHEWS NC 28106

TITLE P ☒ DELETE

NAME PRENDERGAST, JIM A  
STREET ADDRESS 3100 SMITH FARM RD.  
CITY - ST - ZIP MATTHEWS NC 28106

TITLE ST ☐ DELETE

NAME DECKER, RICHARD N  
STREET ADDRESS 3100 SMITH FARM RD.  
CITY - ST - ZIP MATTHEWS NC 28106

TITLE DC ☐ DELETE

NAME NORELLI, RONALD A  
STREET ADDRESS 200 S. TRYON ST.  
CITY - ST - ZIP CHARLOTTE NC 28202

TITLE D ☐ DELETE

NAME CHANON, JOHN L  
STREET ADDRESS 1524 STANFORD PLACE  
CITY - ST - ZIP CHARLOTTE NC 28204

TITLE D ☐ DELETE

NAME CORRENTI, JOHN  
STREET ADDRESS 2100 REXFORD RD.  
CITY - ST - ZIP CHARLOTTE NC 28211

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

404 821 7015

CR2E034 (9/96)