

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 009 ***150.00

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1. Entity Name
PANAMETRICS, INC. OF DELAWARE



Principal Place of Business
**221 CRESCENT STREET
WALTHAM, MA 02453-3497**

Mailing Address
**12 CORPORATE WOODS BLVD
ALBANY, NY 12211**

44038991



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2452621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, WILLIAM T
STREET ADDRESS 4200 WILDWOODS PARKWAY
CITY-ST-ZIP ATLANTA, GA 30339

TITLE VP
NAME MAYHEW, DAWN
STREET ADDRESS 12 CORPORATE WOODS BLVD
CITY-ST-ZIP ALBANY, NY 12211

TITLE S
NAME MITROKA, JIM
STREET ADDRESS 4200 WILDWOOD PKWY
CITY-ST-ZIP ATLANTA, GA 30339

TITLE T
NAME CARTLEDGE, ANDREW
STREET ADDRESS 221 CRESCENT ST
CITY-ST-ZIP WALTHAM, MA 02453

TITLE D
NAME PALMER, BRIAN
STREET ADDRESS 1631 BENTLEY PARKWAY S
CITY-ST-ZIP MINDEN, NV 89423

TITLE D
NAME CARSON, CANDACE F
STREET ADDRESS 4200 WILDWOODS PKWY
CITY-ST-ZIP ATLANTA, GA 30339

**DO NOT WRITE
IN THIS SPACE**

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: Barbara A Melita 4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #