

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007109

Entity Name: PANALYTICAL INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

117 FLANDERS ROAD  
WESTBOROUGH, MA 01581

**New Principal Place of Business:**

**Current Mailing Address:**

117 FLANDERS ROAD  
WESTBOROUGH, MA 01581

**New Mailing Address:**

FEI Number: 45-0483849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: KUIPERES, GJALT  
Address: 117 FLANDERS ROAD  
City-St-Zip: WESTBOROUGH, MA 01581

Title: STD  
Name: KERSTENS, RIK  
Address: 117 FLANDERS ROAD  
City-St-Zip: WESTBOROUGH, MA 01581

Title: DIR  
Name: EGGERMONT, GUIDO  
Address: 117 FLANDERS ROAD  
City-St-Zip: WESTBOROUGH, MA 01581

Title: DIR  
Name: VAN VELZEN, PETER  
Address: 117 FLANDERS ROAD  
City-St-Zip: WESTBOROUGH, MA 01581

Title: DIR  
Name: WEBSTER, JAMES  
Address: 117 FLANDERS ROAD  
City-St-Zip: WESTBOROUGH, MA 01581

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date