## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 474364** 

Entity Name: INSTRUMENT TRANSFORMERS, INC.

FILED Apr 20, 2009 Secretary of State

analy Name: INCOMENT TO AND CHAMENCE, INC.						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
1907 CALUMET STREET CLEARWATER, FL 33765				JMET STREET ATER, FL 33765 US	3	
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 22 SCHENEC	216 STADY, NY 123	801	PO BOX 2: SCHENEC		JS	
FEI Number:	59-1582077	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certifica	ate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Reg	jistered Agent:	
1200 SOU PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324		urnose of changing i	ts registered office or I	registered agent or both	
	of Florida.	abilitis tills statement for the pe	arpose or changing i	to registered office of t	egistered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SOLLECTO, LAR 215 ANDERSON		Title: Name: Address: City-St-Zip:	P (X) Change LARR 215 ANDERSON AVE MA ONTARIO, NA L6E 1B3 (	RKHAM	
Title: Name: Address: City-St-Zip:	S () FLYNN, JAMES OHIO LAMP PLA WARREN, OH 4	ANT	Title: Name: Address: City-St-Zip:	S (X) Change JAMES OHIO LAMP PLANT WARREN, OH 44483 US		
Title: Name: Address: City-St-Zip:	BUCHANAN, MA	E WOODS, BLVD	Title: Name: Address: City-St-Zip:	V (X) Change MARK 12 CORPORATE WOOD ALBANY, NY 12211 US	• •	
Title: Name: Address: City-St-Zip:	V () CAMERON, BAR 12 CORPORATE ALBANY, NY 12	WOODS BLVD	Title: Name: Address: City-St-Zip:	V (X) Change BARBARA 12 CORPORATE WOOD ALBANY, NY 12211 US	` ,	
Title: Name: Address: City-St-Zip:	D () VENGOECHEA, 1907 CALUMET CLEARWATER,	STREET	Title: Name: Address: City-St-Zip:	D (X) Change ROBERTO 1907 CALUMET STREET CLEARWATER, FL 3376		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA A CAMERON V 04/20/2009