

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91164 014 ***150.00

DOCUMENT # 474364			
1. Entity Name INSTRUMENT TRANSFORMERS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1907 CALUMET ST. Suite, Apt. #, etc.		3. Mailing Address PO BOX 2216 Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State SCHENECTADY, NY	
Zip 33765		Zip 12301-2216	
Country US		Country US	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-1582077	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name CT CORPORATION SYSTEM	
		Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
		City PLANTATION	
		FL Zip Code 33324	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
SEE ATTACHED LIST			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>BARBARA A. MELITA</i>		BARBARA A. MELITA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

D86085-Instrument Transformers, Inc.

Tax Year : 2003 Rpt Mth : 3

Federal ID : 59-1582077



Name	Title	Business Address
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
James R. Billingsley, Jr.	Secretary	41 Woodford Ave Plainville CT 06062
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Paul T. Wood	Director	6465 East John's Crossing Duluth GA 30097
Paul T. Wood	President	6465 East John's Crossing Duluth GA 30097
Thomas Cruz	Vice President	41 Woodford Ave Plainville CT 06062
William W. Booth	Vice President	12 Corporate Woods Blvd. Albany NY 12211
William W. Booth	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211

Attachment
474364
80112828