## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90031 025 \*\*\*150.00

# **DOCUMENT # 828406**

1. Corporation Name

HONEYWELL - MEASUREX SYSTEMS, INC.

Principal Place of Business Mailing Address							
1 RESULTS WAY HONEYWELL PLAZA							
CUPERTINO CA 95014 PO BOX 524					DO NOT WRITE IN THIS S	SPACE	
		MINNEAPOLIS MN 55440-524 US			3. Date Incorporated or Qualifed		
		00			08/01/1972		1
2 0	ace of Business	2a. Mailing Address		-	4. FEI Number		Applied For
	lace of Business	<u> </u>			94-1698278		Not Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					34 1030270		Additional
					5. Certifcate of Status Desired	<b>-</b>	Required
					6. Election Campaign Financing	\$5.0	0 May Be
	•	28			Trust Fund Contribution	•	d to Fees
<b>23</b> Zip	Country	Zip	Country		8. This corporation owes the current year Inta		
24	25	29 3	¬ ′		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current				10. Name and Address of New Registered A	gent	
			81	Name			
UNIT	ED STATES CORPORATION COM	<i>I</i> PANY	-		(D.O. Day M. Lastin Med Accordable)		
1201 HAYS ST			82	Street	Address (P.O. Box Number is Not Acceptable)		
TALL	FL 32301		83				
			84	City	FL	85 Zip	p Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut	honzed by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	tment as	registered
	Signature, typed or printed name of registered agent	·············		signature r	required when reinstating) DATE	200501	FORC IN 40
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	TV	☐ DELETE	1.1 TITLE			Change	3
NAME	CONWAY, EDWARD H		1.2 NAME				
STREET ADDRESS	1 RESULTS WAY		1.3 STREE	ADDRESS			Ì
CITY+ST-ZIP	CUPERTINO CA 95014-5991		14 CITY-S	T-ZIP		Chana	e
TITLE	VASD	☐ DĒLĒTE	2.1 TITLE			Change	3 MAGGION
NAME	GIBSON, KATHLEEN M		2.2 NAME				
STREET ADDRESS	HONEYWELL PLAZA		2.3 STREE	ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55408		2. 4 CITY-5	T-ZIP			
TITLE	<b>S</b>	☐ DELETE	3.1 TITLE			☐ Change	e 🗌 Addition
NAME	ALVBERT, HOLLY V		3.2 NAME				
STREET ADDRESS	1 RESULTS WAY		33 STREE	ADDRESS			
CITY-ST-ZIP	CUPERTINO CA 95014-5991		3.4. CITY- 5	T-ZIP	0.3	₩	
TITLE	D	- PELETE	4.1 TITLE		P. Z. D.	Change	e 🗌 Addition
NAME	BOSSEN, DAVID A.		4. 2 NAME		R.L. Rowe		
STREET ADDRESS	ONE RESULTS WAY		4.3 STREE	TADORESS			ĺ
CITY-ST-ZIP	CUPERTINO CA		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		V.P.	Chang	e Addition
NAME	尼		5.2 NAME		BARRY WALE		
STREET ADDRESS	, '		5.3 STREE	T ADDRESS	3105 NORTHWOODS PLANE		_
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	BARRIL DALE 3105 NORTHWOOD FLACE NORDELS, GA 30071-470. AS KATHLEEN CURVAN HONEYWELL PLAZA	<u> </u>	
TITLE		☐ DELETE	6.1 TTLE		A5	Change	e Addition
NAME			6.2 NAME		KaTHLEEN CUTTUT)		
070557 4000500			6.3 STREE	ADDRESS	HONEYWELL PLAZIA		

CITY-ST-ZIP

14. 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 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 (i) Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other treatment of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required (ii) Chapter 607, Florida Statutes; and that my name appears in the corporation of the cor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ent, Secretary

6/2/95/-0480 Date Phone # CR2E034 (11//

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## HONEYWELL-MEASUREX SYSTEMS, INC.

### **DIRECTORS**

GA35	Director and Chairman			
MN12	Director			
CA35	Director			
<u>OFFICERS</u>				
CA35	President			
CA35	Vice President/Chief Financial			
	Officer, Treasurer, and			
÷	Assistant Secretary			
GA35	Vice President			
CA35	Secretary			
MN12	Assistant Secretary			
MN12	Assistant Secretary			
	MN12 CA35 OFFICERS CA35 CA35 GA35 CA35 MN12			

Honeywell Plaza MN12 -

Minneapolis, MN 55408-1792

GA35 -3105 Northwoods Place

Norcross, GA 30071-4703

CA35 -One Results Way

Cupertino, CA 95014-5991