FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846400** **(0)**

1. Corporation Name

E.I.L. INSTRUMENTS, INC.

Principal Place of Business	Mailing Address
10946A GOLDEN WEST DR HUNT VALLEY MD 21031	10946A GOLDEN WEST DR HUNT VALLEY MD 21031

3. Date Incorporated or Qualified: **07/01/1980**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **52-0905723** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DICAMILLO, GARY		1.2 NAME		
STREET ADDRESS	10946-A GOLDEN W. DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMILLAN, TIMOTHY		2.2 NAME		
STREET ADDRESS	10946A GOLDEN W. DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICE, HALLIE P.		3.2 NAME		
STREET ADDRESS	316 TREE TOPS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA MD		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODSIDE, SAMUEL T.		4.2 NAME		
STREET ADDRESS	5815 MEADOWOOD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HESSEY, MAHLON W.		5.2 NAME		
STREET ADDRESS	13 S. CHAPEL RIDGE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TIMONIUM MD		5.4 CITY-ST-ZIP		
TITLE	VPF	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAILE, ERNEST J		6.2 NAME		
STREET ADDRESS	206 N TYRONE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/96 (410) 584-7406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)