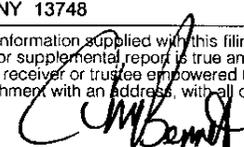


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90101 039 ***150.00

DOCUMENT # 857394							
1. Entity Name UNIVERSAL INSTRUMENTS CORPORATION							
Principal Place of Business 33 BROOME CORPORATE PARK CONKLIN, NY 13748			Mailing Address P.O. BOX 825 BINGHAMTON, NY 13902-0825				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 16-1406305			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required 02132006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DESOUZA, IAN S		NAME	SCHMITS, JEREON			
STREET ADDRESS	33 BROOME CORPORATE PARK		STREET ADDRESS	458 COUNTRY KNOLL DR.			
CITY-ST-ZIP	CONKLIN, NY 13748		CITY-ST-ZIP	ENOICOTT, NY 13760			
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POMEROY, JOHN E		NAME	DAVID R. VANLOAN			
STREET ADDRESS	20 HAWLEY ST 6TH FLOOR E TOWER		STREET ADDRESS	4831 COPA DE ORO			
CITY-ST-ZIP	BINGHAMTON, NY 13901		CITY-ST-ZIP	ANAHEIM HILLS, CA 92807			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIVINGSTON, ROBERT A.		NAME	PETER J. MARSHALL			
STREET ADDRESS	20 HAWLEY ST 6TH FLOOR E TOWER		STREET ADDRESS	4041 RIVOLI			
CITY-ST-ZIP	BINGHAMTON, NY 13901		CITY-ST-ZIP	NEW PORT BEACH, CA 92660			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEISER, GENE A.		NAME				
STREET ADDRESS	33 BROOME CORPORATE PARK		STREET ADDRESS				
CITY-ST-ZIP	CONKLIN, NY 13748		CITY-ST-ZIP				
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILLARD, PATRICK J		NAME				
STREET ADDRESS	33 BROOME CORPORATE PARK		STREET ADDRESS				
CITY-ST-ZIP	CONKLIN, NY 13748		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIESKES, KOEN A		NAME				
STREET ADDRESS	33 BROOME CORPORATE PARK		STREET ADDRESS				
CITY-ST-ZIP	CONKLIN, NY 13748		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		CHRISTOPHER M. BENNETT		2/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone # 607-779-5321			

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