

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**

40020335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-P CR2E034 (11/05)

4. FEI Number
16-1406305

Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **DESOUZA, IAN S**
STREET ADDRESS **33 BROOME CORPORATE PARK**
CITY-ST-ZIP **CONKLIN, NY 13748**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SCHMITS, JEREON**
STREET ADDRESS **458 COUNTRY KNOLL DR.**
CITY-ST-ZIP **ENDICOTT, NY 13760**

TITLE **D** ☐ Delete
NAME **POMEROY, JOHN E**
STREET ADDRESS **20 HAWLEY ST 6TH FLOOR E TOWER**
CITY-ST-ZIP **BINGHAMTON, NY 13901**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DAVID R. VANLOAN**
STREET ADDRESS **4831 COPA DE ORO**
CITY-ST-ZIP **ANAHEIM HILLS, CA 92807**

TITLE **D** ☒ Delete
NAME **LIVINGSTON, ROBERT A.**
STREET ADDRESS **20 HAWLEY ST 6TH FLOOR E TOWER**
CITY-ST-ZIP **BINGHAMTON, NY 13901**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PETER J. MARSHALL**
STREET ADDRESS **4041 RIVOLI**
CITY-ST-ZIP **NEW PORT BEACH, CA 92660**

TITLE **VP** ☒ Delete
NAME **HEISER, GENE A.**
STREET ADDRESS **33 BROOME CORPORATE PARK**
CITY-ST-ZIP **CONKLIN, NY 13748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCFO** ☐ Delete
NAME **GILLARD, PATRICK J**
STREET ADDRESS **33 BROOME CORPORATE PARK**
CITY-ST-ZIP **CONKLIN, NY 13748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GIESKES, KOEN A**
STREET ADDRESS **33 BROOME CORPORATE PARK**
CITY-ST-ZIP **CONKLIN, NY 13748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER M. BENNETT

2/13/06

Date

607-779-5321

Daytime Phone #