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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LP/LLLP REINSTATEMENT

THERMO PROCESS INSTRUMENTS, L.P.

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S. HAWKES
DEC 11 2008
EXAMINER

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2008 LIMITED PARTNERSHIP REINSTATEMENT

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DOCUMENT # B01000000338

1. Entity Name
THERMO PROCESS INSTRUMENTS, L.P.

Principal Place of Business	Mailing Address
9303 W. SAM HOUSTON PARKWAY S HOUSTON, TX 77099	C/O TAX DEPARTMENT 81 WYMAN STREET WALTHAM, MA 02454
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

11212008 REIN-LP CR2E100 (1/07)

4. FEI Number: 76-0506899 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE Joel A. Rodriguez, Corporate Ops. Manager — DATE 12/10/08

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS $1000.00
After January 1, 2009, Fee will be $2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY *MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.*
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M08000005052	STREET ADDRESS	
NAME	THERMO PROCESS INSTRUMENTS GP LLC		
STREET ADDRESS	22001 NORTH PARK DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	KINGWOOD, TX 773393804		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

REINSTATEMENT
2008

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Jonathan C. Wilk, Assistant Secretary — Dec. 8, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #