

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006521

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: SYPRIS TEST & MEASUREMENT INC.

## Current Principal Place of Business:

6120 HANGING MOSS ROAD  
ORLANDO, FL 32807

## New Principal Place of Business:

## Current Mailing Address:

6120 HANGING MOSS ROAD  
ORLANDO, FL 32807

## New Mailing Address:

6120 HANGING MOSS RD.  
ORLANDO, FL 32807

FEI Number: 59-3497453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: GILL, JEFFREY T  
Address: 101 BULLITT LANE, SUITE 450  
City-St-Zip: LOUISVILLE, KY 40222

Title: P ( ) Delete  
Name: BOYD, KATHY S  
Address: 6120 HANGING MOSS ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: V ( ) Delete  
Name: BERNICKY, LAWRENCE J  
Address: 6120 HANGING MOSS ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: AS (X) Delete  
Name: ALLEN, ANTHONY C  
Address: 101 BULLITT LANE, SUITE 450  
City-St-Zip: LOUISVILLE, KY 40222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: ALLEN, ANTHONY C  
Address: 101 BULLITT LANE, SUITE 450  
City-St-Zip: LOUISVILLE, KY 40222

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY S. BOYD

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date