


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90260 019 \*\*\*150.00

<b>DOCUMENT # F02000000484</b> 1. Entity Name <b>BARNSTEAD THERMOLYNE CORPORATION</b>					
Principal Place of Business <b>2555 KERPER BOULEVARD DUBUQUE, IA 52001</b>			Mailing Address <b>C/O APOGENT TECHNOLOGIES 30 PENHALLOW STREET PORTSMOUTH, NH 03801</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Liberty Lane</b>			
City & State		City & State <b>Hampton NH</b>		4. FEI Number <b>13-3326802</b>	
Zip <b>03842</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, DUNCAN 2555 KERPER BOULEVARD DUBUQUE, IA 52001	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul m. meister Liberty Lane Hampton NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOEFER, BRENDA K 2555 KERPER BOULEVARD DUBUQUE, IA 52001	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kevin P. Clark Liberty Lane Hampton NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRESON, MICHAEL K 30 PENHALLOW ST PORTSMOUTH, NH 03801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mark Roellig Liberty Lane Hampton NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAUD, MICHAEL 30 PENHALLOW ST PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARMONTELLO, GARY J 30 PENHALLOW ST PORTSMOUTH, NH 03801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MICHAUD, MICHAEL K 30 PENHALLOW ST PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Michael K. Michaud</u> <b>Michael K. Michaud</b> <u>4/26/05</u> <u>608-929-2650</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**14009802**



04262005 Chg-P CR2E034 (10/03)