2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000484

Entity Name: BARNSTEAD THERMOLYNE CORPORATION

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2555 KERP DUBUQUE	ER BOULEVA , IA 52001	RD			
Current Mailing Address:			New Mailing Address:		
LIBERTY LA HAMPTON	ANE , NH 03842				
FEI Number:	13-3326802	FEI Number Applied For () FEI Number	mber Not Appli	cable () Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324				
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:					
	Electroni	c Signature of Registered Agent		Date	•
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICE	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () ROSS, DUNCAN 2555 KERPER E DUBUQUE, IA 5	BOULEVARD	Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	D () MEISHER, PAUI LIBERTY LANE HAMPTON, NH		Title: Name: Address: City-St-Zip:	D (X) Change () Ad MEISTER, PAUL M LIBERTY LANE HAMPTON, NH 03842	ddition
Title: Name: Address: City-St-Zip:	V () CLARK, KEVIN I LIBERTY LANE HAMPTON, NH		Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	TD () MICHAUD, MICH 30 PENHALLOW PORTSMOUTH,	/ ST	Title: Name: Address: City-St-Zip:	TAS (X) Change () Ad MICHAUD, MICHAEL LIBERTY LANE HAMPTON, NH 03842	ddition
Title: Name: Address: City-St-Zip:	S () ROELLIG, MARI LIBERTY LANE HAMPTON, NH		Title: Name: Address: City-St-Zip:	VSD (X) Change () Ad MCCONNELL, SARAH H LIBERTY LANE HAMPTON, NH 03842	ddition
Title: Name: Address: City-St-Zip:	AS (X) MICHAUD, MICH 30 PENHALLOW PORTSMOUTH,	/ ST	Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL K MICHAUD TAS 04/12/2006