2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F02000001408

Entity Name: INSTRUMENT MANUFACTURING COMPANY

Current Principal Place of Business:

179 MIDDLE TURNPIKE
STORRS, CT 06268

New Principal Place of Business:

Current Mailing Address:

179 MIDDLE TURNPIKE
STORRS, CT 06268

New Mailing Address:

FEI Number: 06-1432101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	BIRKENRUTH, HARRY	
Address:	1 TECHNOLOGY DRIVE	
City-St-Zip:	ROGERS, CT 06263	
Title:	D	( ) Delete
Name:	VAN LYSEBETH, HERMAN	
Address:	DORP-OOST 48 01 03	
City-St-Zip:	LOCHRISTI, BE 9080 BE	
Title:	P	( ) Delete
Name:	MASHIKIAN, MATTHEW S	
Address:	179 MIDDLE TURNPIKE	
City-St-Zip:	STORRS, CT 06268	
Title:	D	( ) Delete
Name:	MASHIKIAN, PAUL	
Address:	1 AVERY STREET, APT. 18G	
City-St-Zip:	BOSTON, MA 02111	
Title:	D	( ) Delete
Name:	MASHIKIAN GREENE, SONIA	
Address:	286 SENEXET ROAD	
City-St-Zip:	WOODSTOCK, CT 06281	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MASHIKIAN, PAUL	
Address:	2 AVERY STREET, APT. 24E	
City-St-Zip:	BOSTON, MA 02111	
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: MATTHEW MASHIKIAN PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date