

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001408

FILED  
Apr 30, 2008  
Secretary of State

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: 2 AVERY STREET, APT. 24E  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date