2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001408

Entity Name: INSTRUMENT MANUFACTURING COMPANY

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 179 MIDDLE TURNPIKE STORRS, CT 06268 **Current Mailing Address: New Mailing Address:** 179 MIDDLE TURNPIKE STORRS, CT 06268 FEI Number: 06-1432101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BIRKENRUTH, HARRY BIRKENRUTH, HARRY Name: Name: 1 TECHNOLOGY DRIVE 1 TECHNOLOGY DRIVE Address: Address: City-St-Zip: ROGERS, CT 06263 City-St-Zip: ROGERS, CT 06263 US Title: Title: () Delete () Change () Addition VAN LYSEBETH, HERMAN Name: Name: DORP-OOST 48 01 03 Address: Address: LOCHRISTI, BE 9080 BE City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete MASHIKIAN, MATTHEW S MASHIKIAN, MATTHEW S Name: Name: 179 MIDDLE TURNPIKE 179 MIDDLE TURNPIKE Address: Address: City-St-Zip: STORRS, CT 06268 City-St-Zip: STORRS, CT 06268 US Title: () Delete Title: (X) Change () Addition MASHIKIAN, PAUL MASHIKIAN, PAUL Name: Name: Address: 2 AVERY STREET, APT. 24E Address: 2 AVERY STREET, APT. 24E City-St-Zip: BOSTON, MA 02111 City-St-Zip: BOSTON, MA 02111 US Title: Title: (X) Change () Addition () Delete MASHIKIAN GREENE, SONIA Name: MASHIKIAN GREENE, SONIA Name: 286 SENEXET ROAD Address: 286 SENEXET ROAD Address: City-St-Zip: WOODSTOCK, CT 06281 City-St-Zip: WOODSTOCK, CT 06281 US Title: () Delete Title: () Change (X) Addition BROUSSARD, BRUCE Name: Name: 179 MIDDLE TURNPIKE Address: Address: City-St-Zip: City-St-Zip: STORRS, CT 06268 US

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: BRUCE BROUSSARD P 04/23/2009