

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90952 012 ***150.00

DOCUMENT # F02000005948



1. Entity Name
KEITHLEY INSTRUMENTS, INC.

Principal Place of Business
**28775 AURORA ROAD
SALON OH 44139**

Mailing Address
**28775 AURORA ROAD
SALON OH 44139**

11027431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
34-0794417

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	KEITHLEY, JOSEPH P	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	VCEO	<input type="checkbox"/> Delete
NAME	PLUSH, MARK J	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	S	<input type="checkbox"/> Delete
NAME	GHERLEIN, JOHN M	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	V	<input type="checkbox"/> Delete
NAME	ETSLER, PHILIP R	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATRICY, DAVID H	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	V	<input type="checkbox"/> Delete
NAME	PESEC, JOHN	
STREET ADDRESS	28775 AURORA ROAD	
CITY-ST-ZIP	SOLON OH 44139	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Mark J. Plush **Mark J. Plush** **2/12/03 (440) 248-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)