2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# F03000005919

Entity Name: MGP INSTRUMENTS, INC.

Current Principal Place of Business:

5000 HIGHLANDS PARKWAY, STE. 150
SMYRNA, GA 30082

New Principal Place of Business:

Current Mailing Address:

5000 HIGHLANDS PARKWAY, STE. 150
SMYRNA, GA 30082

New Mailing Address:

FEI Number: 58-1683669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPERO, KEITH
8045 GREEN PINES TERRACE
SPRING HILL, FL 34606 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: CP ( ) Delete
Name: WILSON, MICHAEL S
Address: 5000 HIGHLANDS PARKWAY, STE. 150
City-St-Zip: SMYRNA, GA 30082

Title: VC ( ) Delete
Name: EDELMAN, MIKE Z
Address: 5000 HIGHLANDS PARKWAY, STE. 150
City-St-Zip: SMYRNA, GA 30082

Title: DS ( ) Delete
Name: LOPEZ, SERGIO
Address: 5000 HIGHLANDS PARKWAY, STE. 150
City-St-Zip: SMYRNA, GA 30082

Title: T ( ) Delete
Name: BLAKE, JON
Address: 5000 HIGHLANDS PARKWAY, STE. 150
City-St-Zip: SMYRNA, GA 30082

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 S WILSON CP 03/05/2004

Electronic Signature of Signing Officer or Director Date