Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone

: (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION HOTTINGER BRUEL & KJAER INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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	COVER	LETTER			;
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TO: Registration	Section		į	1	t ,
Division of					,
Hottin	ger Bruci & Kjaer Inc.				·
SUBJECT:	Name of corporation	an maret include	an Africa		<u> </u>
	Name of corporate	DE) - HILLSE HICHARD	Butter		!
Dear Sir or Madam:			;		•
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The enclosed "Appl	cation by Foreign Corporation for	or Authorization t	io Transact B	usiness in Fi	orida,"
"Certificate of Exist	ence," or "Certificate of Good St	anding" and chec	:k are submiu	ned to registe	rune
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Please return all corr	espondence concerning this matt	ter to the following	ng:	1	į
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Walter Kneissler					
•	Name o	of Person			i
Hottinger Bruel & Kj	ier Inc.		į		İ
	Firm/Co	mpany			
19 Bartlett Street	- -				!
19 Bartier Succi			<u>i</u>		<u> </u>
	Adı	dress			:
Marlhorough, MA 01	752				
	City/State	and Zip code	:		
walter, kneissler@hbk	world.com	•			
	E-mail address: (to be use	d for future annua	al report noti	lication)	
	D Hall March (10 00 and			,	:
For further informat	on concerning this matter, please	call:			•
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Betty Black	at (336	721-3791			
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Registration			stration Secti		;
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	of Tallahassee		Box 6327		1
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Enclosed is a check:	for the following amount:		i		
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Hottinger Bruel					
(Enter name of co	orporation, orp," "Inc."	must include "INCORPORATED, "Co," or "Corp.")	" "COMPANY," "CORPOR	RATION,"	
(If name unavails	ible in Flor	ida, enter alternate corporate name	adopted for the purpose of tr	ansacting business	in Florida)
Massachusetts		3.	04-2524015		
(State or country July 6, 1973	under the	law of which it is incorporated) 5.		er, if applicable)	
<u> </u>	of incorpo		(Date of duration, i	if other than perper	tual)
Upon filing	İ		·		
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		(Frincipal Off)	ico <u>street</u> somess)	1	:
. Name and stree	t address o	(Current mailin	ng address, if different) O. Box NOT acceptable)		THE LAND
Name:		AGENT GROUP INC.			13861
Office Address:		im Beach	, Florida		TO FLOR
		(City)	(Zip code))!	自一管部
esignated in this : urther agree to co	ed as regis applicatio umply with	tered agent and to accept serving. I hereby accept the appointing the provisions of all statutes reaccept the obligations of my pos	ment as registered agent as elative to the proper and constition as registered agent. A property of the proper and constition as registered agent. A property of the propert	nd agree to act li complete perform	n this capacity. I
	State, by t	of existence duly authenticated, he Secretary of State or other of	not more than 90 days pric		
. For initial indexin	ig purposes.	list names, titles and addresses of th	ue primary officers and/or direc	tors [up to six (6))	otal):

A. DIRECTORS				!		
□Chairman	Name: Joe	/orih	□ Chairman	Name: Steen P	innerur	<u>, </u>
□Vice Chairman	Address: 19	Bartlett Street	□Vice Chairman	Address: 19 B	artlett S	Street
Director	Marlborough	n, MA 01752	Director	Marlborough	MA 01	752
President		•	□ President			
□Vice President			□Vice President			TEST TO
□ Secretary		☐ Treasurer	Secretary		□Tre	ner l
Other		☐Other	□Other			ter to the terminal to the terminal ter
□ Chairman	Name:		□ Chairman	Name: Mary H		72.5
□Vice Chairman	Address:	Bartlett Street	□Vice Chairman	Address: 19 B	artien S	itroct
Director	Marlboroug	h, MA 01752	Director	Marlborough,	MA di	752
President			□President	<u> </u>		
☐Vice President			□ Vice President			
☐ Secretary		□Treasuror	Secretary	ì	© Tac	easurer .
Other		☐Other	□ Other	!	⊒oa	ner
□ Chair roa n	Name:	er Kneisster	Chairman	Name: Jeremy	- 1	•
□ Vice Chairman	Address:	Bertlett Street	□Vice Chairman	Address:	artiett S	itrest
□Director	Martboroug	h, MA 01752	Director	Marlborough,	MA 01	752
President			□President			
□ Vice President			☐ Vice President			
■ Secretary		☐Trousurer	Secretary		□Tr	asurer
□Other	,	□Other	Other Asst Sect	etary	□о	ier
important Notice: Use an attributent to report more than siz (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index wheri filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer						
The officer or direct	tor sioning thi	-		et the fants crates	1 have	are true and that he co
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
13. Welter Knelssler, Secretary						
	(T) p	ed or printed name and espacity of person	n signing application) ; ;		
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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: January 12, 2021

To Whom It May Concern:

I hereby certify that according to the records of this office,

HOTTINGER BRUEL & KJAER INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Gallein

Certificate Number: 21010486390

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: mso