FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:31

DOCUMENT # **F93000001633 (7)**

1. Corporation Name

ETL TESTING LABORATORIES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2040 CORTLAND NY 13045	P. O. BOX 2040 CORTLAND NY 13045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 13-0668365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent, and the date. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P / Director	11 TITLE	Director	☐ Change ☒ Addition
NAME	BIRCH, ERIC	12 NAME	Pedro Guzman	
STREET ADDRESS	1 TECH DR	13 STREET ADDRESS	9900 Main St, Suite 100	
CITY-ST-ZIP	ANDOVER MA	14 CITY-ST-ZIP	Fairfax, VA 22031	
TITLE	VP	21 TITLE	Jeffrey Turcotte	☐ Change ☒ Addition
NAME	ROLL, STEVEN	22 NAME	2 Davis Drive	
STREET ADDRESS	RT 11 INDUSTRIAL PK	23 STREET ADDRESS	Belmont, CA 94002	
CITY-ST-ZIP	CORTLAND NY	24 CITY-ST-ZIP		
TITLE	X Director / VP	31 TITLE	Treasurer / Director	☒ Change ☐ Addition
NAME	SISODIA, JAGAT	32 NAME	Patrick G. Sweeney	
STREET ADDRESS	1 TECH DR	33 STREET ADDRESS	1 Tech Drive	
CITY-ST-ZIP	ANDOVER MA	34 CITY-ST-ZIP	Andover, MA 01810	
TITLE	S	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	JENNINGS, GERARD J.	42 NAME	SUSAN A. Morgan	
STREET ADDRESS	RT 11 INDUSTRIAL PARK	43 STREET ADDRESS	RT 11 Industrial Park	
CITY-ST-ZIP	CORTLAND NY	44 CITY-ST-ZIP	Cortland, NY 13045	
TITLE		51 TITLE	Janice Hamlin	☐ Change ☒ Addition
NAME		52 NAME	150 North Michigan Ave.	
STREET ADDRESS		53 STREET ADDRESS	Chicago, IL 60601	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	Stephen Gill	☐ Change ☒ Addition
NAME		62 NAME	5051 Westheimer	
STREET ADDRESS		63 STREET ADDRESS	Post Oak Tower	
CITY-ST-ZIP		64 CITY-ST-ZIP	Houston, TX 77056	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Patrick G. Sweeney 3/22/95 607-753-6711
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0484700 FN