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 MAY -1 PM 1:53

DOCUMENT # **F93000005459 (3)**

1. Corporation Name
GOULD INSTRUMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
35129 CURTIS BLVD EASTLAKE OH 44095-4001	35129 CURTIS BLVD EASTLAKE OH 44095-4001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1993**
3a. Date of Last Report: **05/01/1994**

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: **34-1750910** ☐ Applied For ☐ Not Applicable

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

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

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: _____ (Signature required if printed name of Registered Agent is listed above) (NEW Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAIGUJI, HIROMASA	12 NAME	
STREET ADDRESS	NIKKO KYODO COMPANY, LIMITED	13 STREET ADDRESS	
CITY ST ZIP	10-1 TORANOMON 2-CHOME TOKYO	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHIMIZU, YASUYUKI	22 NAME	
STREET ADDRESS	35129 CURTIS BLVD	23 STREET ADDRESS	
CITY ST ZIP	EASTLAKE OH	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MORRISON, EDWARD L	32 NAME	
STREET ADDRESS	8333 ROCKSIDE RD.	33 STREET ADDRESS	
CITY ST ZIP	VALLEY VIEW OH	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, GARY L	42 NAME	
STREET ADDRESS	8333 ROCKSIDE RD.	43 STREET ADDRESS	
CITY ST ZIP	VALLEY VIEW OH	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	CURRAN, EDWARD D	52 NAME	
STREET ADDRESS	8333 ROCKSIDE RD.	53 STREET ADDRESS	
CITY ST ZIP	VALLEY VIEW OH	54 CITY ST ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	DAKES, ROBERT A	62 NAME	
STREET ADDRESS	8333 ROCKSIDE RD.	63 STREET ADDRESS	
CITY ST ZIP	VALLEY VIEW OH	64 CITY ST ZIP	

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 added by an attachment with an address.

SIGNATURE: _____ 4/24/95 953-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John L. Monaco VP - Tax & Treasurer

0470746 FP