

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 21, 2000 8:00 am**
Secretary of State

07-21-2000 90162 012 ***550.00

DOCUMENT # F93000005459

1. Entity Name

GOULD INSTRUMENT SYSTEMS, INC. ✓

Principal Place of Business

**8333 ROCKSIDE RD
VALLEYVIEW OH 44125
US**

Mailing Address

**81 WYMAN STREET
WALTHAM MA 02254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

02454

Country

4. FEI Number

34-1750910

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BARRON, CHRISTOPHER	5225 VERONA RD	MADISON WI 53711	<input type="checkbox"/>
AS	AGHABABIAN, ROBERT V.	81 WYMAN STREET	WALTHAM MA 02254	<input type="checkbox"/>
S	LAMBERT, SANDRA	81 WYMAN STREET	WALTHAM MA 02254	<input type="checkbox"/>
T	APICERNO, KENNETH	81 WYMAN STREET	WALTHAM MA 02254	<input type="checkbox"/>
AS	HOOGASIAN, SETH H.	81 WYMAN STREET	WALTHAM MA 02254	<input type="checkbox"/>
AS	KELLEHER, PAUL F.	81 WYMAN STREET	WALTHAM MA 02254	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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			02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-12-00

Daytime Phone #

(781) 622-1000

CR2E034 (5/00)