FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 93000005459

1. Entity Name

Gould Instrument Systems Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8333 Rockside Rd.		81 Wyman Street	
Suite, Apt. # etc.		Suite, Apt #, etc	
City & State: Valleyview		City & State: Waltham	
Zip: OH	Country: 44125	Zip: MA	Country: 02454

DO NOT WRITE IN THIS SPACE

4. FEI Number: 34-1750910 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

City: Plantation FL Zip Code: 33324

DO NOT WRITE IN THIS SPACE

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President/Director	TITLE	
NAME	Christopher J Brereon	NAME	
STREET ADDRESS	5225 Verona Rd.	STREET ADDRESS	
CITY-ST-ZIP	Madison WI 53711	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Kenneth J Apicerno	NAME	
STREET ADDRESS	81 Wyman Street	STREET ADDRESS	
CITY-ST-ZIP	Waltham, MA 02454	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Seth Hoogasian	NAME	
STREET ADDRESS	81 Wyman Street	STREET ADDRESS	
CITY-ST-ZIP	Waltham MA 02454	CITY-ST-ZIP	
TITLE	Asst. Secretary	TITLE	
NAME	Robert V Aghababian	NAME	
STREET ADDRESS	81 Wyman Street	STREET ADDRESS	
CITY-ST-ZIP	Waltham MA 02454	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Marijn E Dekkers	NAME	
STREET ADDRESS	81 Wyman Street	STREET ADDRESS	
CITY-ST-ZIP	Waltham MA 02454	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert V Aghababian 4-26-02 781-622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #