

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90213 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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 02454

11034059



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**34-1750910**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME BARRON, CHRISTOPHER  
STREET ADDRESS 5225 VERONA RD  
CITY-ST-ZIP MADISON, WI 53711

TITLE AS ☐ Delete  
NAME AGHABABIAN, ROBERT V.  
STREET ADDRESS 81 WYMAN STREET  
CITY-ST-ZIP WALTHAM, MA 02454

TITLE T ☐ Delete  
NAME APICERNO, KENNETH  
STREET ADDRESS 81 WYMAN STREET  
CITY-ST-ZIP WALTHAM, MA 02454

TITLE D ☒ Delete  
NAME DEKKERS, MARIZN E  
STREET ADDRESS 81 WYMAN STREET  
CITY-ST-ZIP WALTHAM, MA 02454

TITLE S ☐ Delete  
NAME HOOGASIAN, SETH  
STREET ADDRESS 81 WYMAN STREET  
CITY-ST-ZIP WALTHAM, MA 02454

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition  
NAME Jon Milbrandt  
STREET ADDRESS 8333 Rockside Rd  
CITY-ST-ZIP Valleyview OH 44125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/30/03

781-622-1000

CR2E034 (10/02)