

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004653

1. Entity Name

GSI LUMONICS CORPORATION



Principal Place of Business

39 MANNING ROAD  
BILLERICA, MA 01821-9010 US

Mailing Address

39 MANNING ROAD  
BILLERICA, MA 01821-9010 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

38-1859358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 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. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000195324  
01/26/05-80024-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
WINSTON, CHARLES D  
22300 HAGGERTY ROAD  
FARMINGTON HILLS, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCFO  
SWAIN, THOMAS  
22300 HAGGERTY ROAD  
FARMINGTON HILLS, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
DAMSCHRODER, TIM  
22300 HAGGERTY ROAD  
FARMINGTON HILLS, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CON  
FRANCOEUR, LOUIS  
22300 HAGGERTY ROAD  
FARMINGTON HILLS, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GHANEM, TAMMY  
2230 HAGGERTY ROAD  
FARMINGTON HILLS, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/4/2005

Daytime Phone #