

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90061 025 \*\*\*158.75

DOCUMENT # F95000004937

1. Corporation Name

MEASUREMENT SCIENCE, INC.

Principal Place of Business

2001 NW 107TH AVENUE  
MIAMI FL 33172-2507

Mailing Address

2001 NW 107TH AVENUE  
MIAMI FL 33172-2507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1995

4. FEI Number

54-1523834

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. This corporation owes the current year Intangible  
Personal Property Tax.



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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DES ROCHE, ERIC	
STREET ADDRESS	7033 TOWNSEND DR	
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	WICKETT, RICHARD A	
STREET ADDRESS	2001 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172-2507	
TITLE	<del>VS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GREENING, TREVOR</del>	
STREET ADDRESS	1559 W. SPRING WATER WAY	
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUMWALT, JOHN B	
STREET ADDRESS	2001 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172-2507	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATHAWAY, ROSWELL A	
STREET ADDRESS	2001 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172-2507	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, EVERETT	
STREET ADDRESS	2001 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172-2507	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. MICHAEL DYE	
1.3 STREET ADDRESS	2001 NW 107 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33172-2507	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. SCOTT DE LOACH	
2.3 STREET ADDRESS	2001 NW 107 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33172-2507	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *N. Scott DeLoach* N. SCOTT DE LOACH, SECRETARY

1-14-99

(305) 692-7215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)