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FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002552 (5)**

1. Corporation Name
TTI TESTRON, INC.

Principal Place of Business
41 CENTURY DRIVE
WOONSOCKET RI 02895

Mailing Address
41 CENTURY DRIVE
WOONSOCKET RI 02895-6162

3. Date Incorporated or Qualified: **05/22/1996**
3a. Date of Last Report: **2/1/96**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **05-0398783** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUDACZ, RONALD R		1.2 NAME		
STREET ADDRESS	6273 MONARCH PARK PLACE SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	NIWOT CO 80503		1.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERTUCA, CARL R		2.2 NAME		
STREET ADDRESS	6273 MONARCH PARK PLACE SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	NIWOT CO 80503		2.4 CITY-ST-ZIP		
TITLE	VATD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMACH, THOMAS J		3.2 NAME		
STREET ADDRESS	6273 MONARCH PARK PLACE SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	NIWOT CO 80503		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REED, CARLETON L		4.2 NAME		
STREET ADDRESS	41 CENTURY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WOONSOCKET RI 02895		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NESBITT, ROBERT J		5.2 NAME		
STREET ADDRESS	41 CENTURY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOONSOCKET RI 02895		5.4 CITY-ST-ZIP		
TITLE	Group VP of Operations	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Hark Herbst C/O Cencorp.		6.2 NAME		
STREET ADDRESS	5405 Spine Rd. Suite A		6.3 STREET ADDRESS		
CITY-ST-ZIP	Boulder, CO 80301		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Carleton Reed 11/14/97 401-766-9100

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

0001071