

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

FILED
May 14 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 #

1. Corporation Name

FI Instruments Inc.

SEE ATTACHED

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

6/14/96

3a. Date of Last Report

First Filing

2. Principal Place of Business

21 **100 Cummings Center**

Suite, Apt. #, etc.

22 **Suite 407J**

City & State

23 **Beverly, MA**

Zip

24 **01915**

Country

2a. Mailing Address

26 **c/o Tax Dept. 81 Wyman**

Suite, Apt. #, etc.

27 **Street**

City & State

28 **Waltham, MA**

Zip

29 **02254**

Country

4. FEI Number

04-3306418

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

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

83

1200 South Pine Island Road

84 City

Plantation

FL

85 Zip Code
33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Earl R. Lewis
STREET ADDRESS		1.3 STREET ADDRESS	8 E Forge Parkway
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Franklin, MA 02038
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jonathan W. Painter
STREET ADDRESS		2.3 STREET ADDRESS	81 Wyman Street
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Waltham, MA 02254
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kenneth J. Apicerno
STREET ADDRESS		3.3 STREET ADDRESS	81 Wyman Street
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Waltham, MA 02254
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sandra L. Lambert
STREET ADDRESS		4.3 STREET ADDRESS	81 Wyman Street
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Waltham, MA 02254
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Arvin H. Smith
STREET ADDRESS		5.3 STREET ADDRESS	81 Wyman Street
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Waltham, MA 02254
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900002130583 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/27/97--01003--020
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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 contained 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97

(617) 622-1000

Date

Daytime Phone #

CR2E034 (9/96)

**ADDITIONAL OFFICERS FOR
FI INSTRUMENTS INC.**

ASSISTANT SECRETARIES:

**ROBERT V. AGHABABIAN
SETH H. HOOGASIAN
PAUL F. KELLEHER**

**81 WYMAN STREET, WALTHAM, MA 02254
81 WYMAN STREET, WALTHAM, MA 02254
81 WYMAN STREET, WALTHAM, MA 02254**