

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

FILED

Sep 23 1998 8:00am
Secretary of State

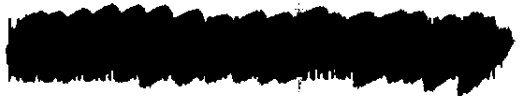
PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # [REDACTED]
1. Corporation Name
FI Instruments Inc.
F9600002985

Principal Place of Business Mailing Address
81 WYMAN STREET
WALTHAM MA 02254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<i>100 Cummings Center</i>	26		06/14/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	<i>Suite 407J</i>	27		04-3306418	
City & State		City & State		Applied For	
23	<i>Beverly, MA</i>	28		Not Applicable	
24	Zip <i>01915</i>	25	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name <i>CT Corporation System</i>		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<i>1200 South Pine Island Rd.</i>		
				84	City <i>Plantation</i>	FL	85 Zip Code <i>33324</i>

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, 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	P/D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl R. Lewis		1.2 NAME				
STREET ADDRESS	8 E. Forge Parkway		1.3 STREET ADDRESS				
CITY - ST - ZIP	Franklin, MA 02038		1.4 CITY - ST - ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan W. Painter		2.2 NAME	Melissa F. Riordan			
STREET ADDRESS	81 Wyman Street		2.3 STREET ADDRESS	81 Wyman Street			
CITY - ST - ZIP	Waltham, MA 02254		2.4 CITY - ST - ZIP	Waltham, MA 02254			
TITLE	AT	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth J. Apicerno		3.2 NAME				
STREET ADDRESS	81 Wyman Street		3.3 STREET ADDRESS				
CITY - ST - ZIP	Waltham, MA 02254		3.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra L. Lambert		4.2 NAME				
STREET ADDRESS	81 Wyman Street		4.3 STREET ADDRESS				
CITY - ST - ZIP	Waltham, MA 02254		4.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arvin H. Smith		5.2 NAME	500002650585			
STREET ADDRESS	81 Wyman Street		5.3 STREET ADDRESS	-09/28/98--01118--020			
CITY - ST - ZIP	Waltham, MA 02254		5.4 CITY - ST - ZIP	***550.00			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Robert V. Aghababian			
STREET ADDRESS			6.3 STREET ADDRESS	81 Wyman Street			
CITY - ST - ZIP			6.4 CITY - ST - ZIP	Waltham, MA 02254			

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.

Robert V. Aghababian *RV* 5-26-98