2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F96000002985 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State FI INSTRUMENTS INC. 07-19-2000 90010 010 ***550.00 Principal Place of Business Mailing Address 100 CUMMINGS CENTER 81 WYMAN ST STE 407-J WALTHAM MA 02454 BEVERLY MA 01915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3306418 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750,00 Tax filing requirement and elects to do so. Trust Fund Contribution, П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, P/D Addition TITLE ☐ Delete TITLE Change LEWIS. EARL NAME STREET ADDRESS 8 E FORGE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRANKLIN MA 02038 Change ☐ Addition 7171 F ☐ Delete TITLE APICERNO, KENNETH NAME NAME STREET ADDRESS 81 WYMAN STREET STREET ADDRESS 02454 CITY-ST-ZIE WALTHAM MA 02254 CITY-ST-ZIP ☐ Delete TITLE ☑ Change ☐ Addition TITI F LAMBERT, SANDRA NAME NAME **81 WYMAN STREET** STREET ADDRESS STREET ADDRESS 02457 CITY-ST-ZIP WALTMAN MA 02254 CITY-ST-7IP ☑ Change ☐ Addition Delete TITLE TITLE AGHABABIAN, ROBERT NAME NAME **81 WYMAN STREET** STREET ADDRESS STREET ADDRESS 02454 WALTHAM MA 02254 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

rdereamature finaliste

7-12-00

(781) 622-1000

Daytime Phone #