

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005776

1. Entity Name

NICOLET INSTRUMENT CORPORATION

Principal Place of Business

5225-S VERONA RD.
MADISON WI 53711

Mailing Address

81 WYMAN ST
WALTHAM MA 02254
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1837749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE AS
NAME AGHABABIAN, ROBERT V
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02254-9046 ☐ Delete

TITLE AT
NAME APICERNO, KENNETH
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02454 ☐ Delete

TITLE V
NAME DAVIG, DALE C
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02254-9046 ☐ Delete

TITLE CFO
NAME HATSOPOULOS, JOHN N
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02254-9046 ☒ Delete

TITLE AS
NAME HOOGASIAN, SETH H
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02254-9046 ☐ Delete

TITLE AS
NAME KELLEHER, PAUL F
STREET ADDRESS 81 WYMAN ST.
CITY-ST-ZIP WALTHAM MA 02254-9046 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE T
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE P
NAME Fredric Walder
STREET ADDRESS 5225-S Verona Road
CITY-ST-ZIP Madison WI 53711 ☐ Change ☒ Addition

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

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:

Robert Aghababian

7-12-00

(761) 622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #