2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# F98000006328

Entity Name: DANIEL MEASUREMENT SERVICES, INC.

Current Principal Place of Business:

9753 PINE LAKE DR.
HOUSTON, TX 77055 US

New Principal Place of Business:

Current Mailing Address:

8100 W FLORISSANT AVENUE
P O BOX 36911
SAINT LOUIS, MO 63136 US

New Mailing Address:

FEI Number: 76-0497827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ROBINSON, H C
Address: 9753 PINE LAKE DR
City-St-Zip: HOUSTON, TX 77055 US

Title: S ( ) Delete
Name: PALMER, R. C
Address: 9753 PINE LAKE DRIVE
City-St-Zip: HOUSTON, TX 77055 US

Title: AS ( ) Delete
Name: GEEKIE, M W
Address: 8100 W. FLORISSANT AVE.
City-St-Zip: SAINT LOUIS, MO 63136 US

Title: T ( ) Delete
Name: THOMPSON, T
Address: 12001 TECHNOLOGY DR
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: PD ( ) Delete
Name: VASZILY, J. W
Address: 9753 PINE LAKE DR.
City-St-Zip: HOUSTON, TX 77055 US

Title: AT ( ) Delete
Name: BURNETT, T A
Address: 8100 W. FLORISSANT AVE.
City-St-Zip: SAINT LOUIS, MO 63136 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition
Name: SPERINO, J A
Address: 8100 W. FLORISSANT AVE.
City-St-Zip: ST LOUIS, MO 63136 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.A. BURNETT AT 04/09/2005

Electronic Signature of Signing Officer or Director — Date