## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006328

Entity Name: DANIEL MEASUREMENT SERVICES, INC.

FILED Apr 21, 2006 Secretary of State

Littly Name. Daniel Measurement Services, Inc.				
Current Principal Place of Business:			New Princ	ipal Place of Business:
9753 PINE HOUSTON		US		
Current Mailing Address:			New Maili	ng Address:
8100 W FLORISSANT AVENUE P O BOX 36911 SAINT LOUIS, MO 63136 US				
FEI Number: 76-0497827 FEI Number Applied For ( ) FEI Nu			lumber Not Appl	licable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Na				Address of New Registered Agent:
1200 SOUT	ORATION SYS TH PINE ISLANI ON, FL 33324			
The above in the State		ıbmits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATURE:				
	Electronic	Signature of Registered Agent		Date
Election Cam	npaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	AS ()E SPERINO, J A 8100 W. FLORIS ST LOUIS, MO 6		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition VASZILY, J W 11100 BRITTMOORE PARK DRIVE HOUSTON, TX 77041 US
Title: Name: Address: City-St-Zip:	S ()E PALMER, R. C 9753 PINE LAKE HOUSTON, TX 7		Title: Name: Address: City-St-Zip:	AT (X) Change ( ) Addition BURNETT, T A 8100 W. FLORISSANT AVENUE ST. LOUIS, MO 63136 US
Title: Name: Address: City-St-Zip:	AS () E GEEKIE, M W 8100 W. FLORIS SAINT LOUIS, MG		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition PALMER, R C 11100 BRITTMOORE PARK DRIVE HOUSTON, TX 77041 US
Title: Name: Address: City-St-Zip:	T () E THOMPSON, T 12001 TECHNOL EDEN PRAIRIE, I		Title: Name: Address: City-St-Zip:	AT (X) Change ( ) Addition GRAVES, S A 8100 W. FLORISSANT AVENUE ST. LOUIS, MO 63136 US
Title: Name: Address: City-St-Zip:	PD () E VASZILY, J. W 9753 PINE LAKE HOUSTON, TX 7		Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition THOMPSON, T. 12001 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 US
Title: Name: Address: City-St-Zip:	AT (X) I BURNETT, T A 8100 W. FLORIS SAINT LOUIS, MO		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/21/2006