

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000104

1. Entity Name

PACIFIC SCIENTIFIC INSTRUMENTS COMPANY

Principal Place of Business

481 CALIFORNIA AVENUE  
GRANTS PASS OR 97526

Mailing Address

481 CALIFORNIA AVENUE  
GRANTS PASS OR 97526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PD  
NAME APPLLEBY, SIMON ☐ Delete  
STREET ADDRESS 481 CALIFORNIA AVE  
CITY-ST-ZIP GRANTS PASS OR 97526

TITLE VP  
NAME LAWSON, FRANK ☒ Delete  
STREET ADDRESS 481 CALIFORNIA AVE  
CITY-ST-ZIP GRANTS PASS OR 97526

TITLE VPT  
NAME YOST, DAVID ☐ Delete  
STREET ADDRESS 481 CALIFORNIA AVE  
CITY-ST-ZIP GRANTS PASS OR 97526

TITLE VSD  
NAME MCMAHN, CHRISTOPHER ☐ Delete  
STREET ADDRESS 1250 24TH ST STE 800  
CITY-ST-ZIP WASHINGTON DC

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP  
NAME MOSS, ROBERT ☐ Change ☒ Addition  
STREET ADDRESS 481 CALIFORNIA AVE  
CITY-ST-ZIP GRANTS PASS, OR 97526

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *David A. Yost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. YOST

4-25-01

Date

541-472-6650

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91107 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2353743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034 (10/00)