

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90005 019 \*\*\*150.00

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**DOCUMENT # H48376**  
 1. Entity Name  
**MEASUREMENT SYSTEMS INTERNATIONAL, INC.**

Principal Place of Business 9225 ULMERTON ROAD SUITE D LARGO FL 33771 US	Mailing Address P.O. BOX 1184 LARGO FL 33779-1184 US
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2. Principal Place of Business <i>2430 ESTANCIA BLVD.</i>	3. Mailing Address <i>2430 ESTANCIA BLVD.</i>
Suite, Apt. #, etc. <i>SUITE 206</i>	Suite, Apt. #, etc. <i>SUITE 206</i>

DO NOT WRITE IN THIS SPACE

City & State <i>CLEARWATER FL</i>	City & State <i>CLEARWATER FL</i>	4. FEI Number <b>59-2498075</b>	Applied For Not Applicable
Zip <i>33761</i>	Country <i>USA</i>	Zip <i>33761</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**DUFF, SUSAN E**  
**7922 IDLEWILD LANE** (NEW ADDRESS →)  
**LARGO FL 33777**

7. Name and Address of New Registered Agent  
 Name *SUSAN E. DUFF*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1001 STARKEY ROAD, #419*  
 City *LARGO* FL Zip Code *33771*

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 *Susan E. Duff* **SUSAN E. DUFF** DATE *4/1/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>DUFF, SUSAN</b> <b>7922 IDLEWILD LANE</b> <b>LARGO FL 33777-3107</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 STARKEY ROAD, #419</i> <i>LARGO FL 33771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan E. Duff* **SUSAN E. DUFF** DATE *4/1/02* DAYTIME PHONE # *727-791-3035*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)