

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93411

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: METTLER-TOLEDO SAFELINE, INC.

## Current Principal Place of Business:

SAFELINE BUSINESS CENTER  
6005 BENJAMIN ROAD  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

SAFELINE BUSINESS CENTER  
6005 BENJAMIN ROAD  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-2950234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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: D ( ) Delete  
Name: DONNELLY, WILLIAM P  
Address: 1900 POLARIS PKWY  
City-St-Zip: COLUMBUS, OH 43240

Title: DP ( ) Delete  
Name: NIELSEN, VIGGO  
Address: 6005 BENJAMIN RD  
City-St-Zip: TAMPA, FL 33634

Title: DVPC ( ) Delete  
Name: FRANKIEWICZ, DANIEL J  
Address: 6005 BENJAMIN RD  
City-St-Zip: TAMPA, FL 33634

Title: DS ( ) Delete  
Name: KIRTLEY, DAVID E  
Address: 1900 POLARIS PARKWAY  
City-St-Zip: COLUMBUS, OH 43240

Title: AST ( ) Delete  
Name: SPAIN, JOSEPH D  
Address: 1900 POLARIS PKWY  
City-St-Zip: COLUMBUS, OH 43240

Title: AVPT ( ) Delete  
Name: WINDHOLTZ, TIMOTHY F  
Address: 1900 POLARIS PKWY  
City-St-Zip: COLUMBUS, OH 43240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DC (X) Change ( ) Addition  
Name: FLEMING, JEFFREY  
Address: 6005 BENJAMIN RD  
City-St-Zip: TAMPA, FL 33634

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 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: JEFF FLEMING, CONTROLLER-PI DIVISION

DC

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date