2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# K93411

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: DC ( ) Delete
Name: FLEMING, JEFFREY
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: CUSTIN, MARGIE
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: MARGIE CUSTIN DC 03/20/2007
Electronic Signature of Signing Officer or Director Date