# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 15, 2007**
**Secretary of State**

DOCUMENT# M01000002204

**Entity Name:** THERMO PROCESS INSTRUMENTS GP, LLC

**Current Principal Place of Business:**

22001 NORTH PARK DR.
KINGWOOD, TX 773393804

**New Principal Place of Business:**

**Current Mailing Address:**

81 WYMAN STREET
WALTHAM, MA 02454

**New Mailing Address:**

**FEI Number: 76-0683921** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**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

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | AS | ( ) Delete |
| Name: | GESTEN, SAMUEL J | |
| Address: | 81 WYMAN STREET | |
| City-St-Zip: | WALTHAM, MA 02454 | |
| Title: | PRES | ( ) Delete |
| Name: | HOOGASIAN, SETH H | |
| Address: | 81 WYMAN STREET | |
| City-St-Zip: | WALTHAM, MA 02454 | |
| Title: | T | ( ) Delete |
| Name: | APICERNO, KENNETH J | |
| Address: | 81 WYMAN STREET | |
| City-St-Zip: | WALTHAM, MA 02454 | |
| Title: | AS | (X) Delete |
| Name: | KAVANAH, JAMES S | |
| Address: | 81 WYMAN STREET | |
| City-St-Zip: | WALTHAM, MA 02454 | |
| Title: | AT | ( ) Delete |
| Name: | SPELLMAN, MAURA A | |
| Address: | 81 WYMAN STREET | |
| City-St-Zip: | WALTHAM, MA 02454 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMUEL J. GESTEN AS 01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date