

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90022 044 ***143.75

DOCUMENT # M01000002386

1. Entity Name
RAININ INSTRUMENT, LLC



Principal Place of Business
RAININ ROAD - BOX 4026
WOBURN, MA 01888-4026

Mailing Address
RAININ ROAD - BOX 4026
WOBURN, MA 01888-4026

00000000



DO NOT WRITE IN THIS SPACE

07162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1632971

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	METTLER-TOLEDO INC
STREET ADDRESS	1900 POLARIS PKWY
CITY-ST-ZIP	COLUMBUS, OH 43240
TITLE	controller
NAME	Joe Waltheris
STREET ADDRESS	7500 Edgewater Drive
CITY-ST-ZIP	Oakland, CA 94621
TITLE	C.O.O.
NAME	HENRI CHAHINE
STREET ADDRESS	7500 EDGEWATER DR OAKLAND CA 94621
CITY-ST-ZIP	Oakland, CA 94621
TITLE	V.P., ENGINEERING
NAME	PETREK, JIM
STREET ADDRESS	7500 EDGEWATER DR
CITY-ST-ZIP	OAKLAND CA 94621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/29/08 510-564-1810