

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001177

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** TA INSTRUMENTS-WATERS L.L.C.

**Current Principal Place of Business:**

109 LUKENS DRIVE  
NEW CASTLE, DE 197200311

**New Principal Place of Business:**

**Current Mailing Address:**

34 MAPLE ST.  
ATTN: TAX DEPT.  
MILFORD, MA 01757

**New Mailing Address:**

**FEI Number:** 51-0389767

**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: MGRM ( ) Delete  
Name: WATERS TECHNOLOGIES, CORPORATION  
Address: 34 MAPLE ST  
City-St-Zip: MILFORD, MA 017573696

Title: MGRM ( ) Delete  
Name: TA INSTRUMENTS, INC.,  
Address: 109 LUKENS DRIVE  
City-St-Zip: NEW CASTLE, DE 197200311

**ADDITIONS/CHANGES:**

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: MICHAEL J. BRUCATO

TO

04/18/2007

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