

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000003460

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** PULSAR PROCESS MEASUREMENT, INC.

**Current Principal Place of Business:**

4565 COMMERCIAL DRIVE  
SUITE 105  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5177  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 26-4068757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, JEFFREY  
4565 COMMERCIAL DRIVE  
SUITE 105  
NICEVILLE, FL 32578 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROBERTS, JEFFREY  
**Address:** 4565 COMMERCIAL DRIVE, SUITE 105  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** STD  
**Name:** BURTON, STEPHEN  
**Address:** 4565 COMMERCIAL DRIVE, SUITE 105  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** D  
**Name:** BEARD, KEITH  
**Address:** 4565 COMMERCIAL DRIVE, SUITE 105  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** D  
**Name:** FLINT, KEITH  
**Address:** 4565 COMMERCIAL DRIVE, SUITE 105  
**City-St-Zip:** NICEVILLE, FL 32578 US

I hereby 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 all other like empowered.

**SIGNATURE:** JEFFREY ROBERTS

PD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date