

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 08, 2000 8:00 am  
Secretary of State

05-03-2000 90098 038 \*\*\*150.00

DOCUMENT # P13936

1. Entity Name

METTLER-TOLEDO, INC.

Principal Place of Business

Mailing Address

1900 POLARIS PKWY  
COLUMBUS OH 43240

1900 POLARIS PKWY  
COLUMBUS OH 43240-4035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1538688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | S                    | <input type="checkbox"/> Delete            |
| NAME           | STRAYER, BRIAN S     |  |
| STREET ADDRESS | 1900 POLARIS PKWY    |  |
| CITY-ST-ZIP    | COLUMBUS OH 43240    |  |
| TITLE          | VPFO                 | <input checked="" type="checkbox"/> Delete |
| NAME           | JAMES M. KIRN        |  |
| STREET ADDRESS | 1900 POLARIS PKWY    |  |
| CITY-ST-ZIP    | COLUMBUS OH 43240    |  |
| TITLE          | VP                   | <input type="checkbox"/> Delete            |
| NAME           | DONNELLY, WILLIAM    |  |
| STREET ADDRESS | 1M LANGACHER CH 8806 |  |
| CITY-ST-ZIP    | GRIEFENSCA SW        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | SPOERRY, ROBERT F    |  |
| STREET ADDRESS | CH-8606 GRIEFENSEE   |  |
| CITY-ST-ZIP    | SWITZERLAND          |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SALICE, THOMAS R     |  |
| STREET ADDRESS | 65 E. 55TH STREET    |  |
| CITY-ST-ZIP    | NEW YORK NY          |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WILKINSON, ALAN W    |  |
| STREET ADDRESS | 65 EAST 55TH ST      |  |
| CITY-ST-ZIP    | NY NY 10022          |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | Senior Vice President          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kenneth A Peters               |  |
| STREET ADDRESS | 1900 Polaris Pkwy              |  |
| CITY-ST-ZIP    | Columbus OH 43240              |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | Director / President           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lukas Braunschweiler           |  |
| STREET ADDRESS | 1900 Polaris Pkwy              |  |
| CITY-ST-ZIP    | Columbus OH 43240              |  |
| TITLE          | Assistant Vice President-Taxes | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thomas A. Finn                 |  |
| STREET ADDRESS | 1900 Polaris Parkway           |  |
| CITY-ST-ZIP    | Columbus OH 43240              |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Finn - T. THOMAS A. FINN ASST. VP-TAXES 4/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)