

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P34464

1. Entity Name
INSTRUMENTATION LABORATORY COMPANY



Principal Place of Business
101 HARTWELL AVE
LEXINGTON, MA 02421-3125

Mailing Address
101 HARTWELL AVE
C/O TAX DEPT
LEXINGTON, MA 02421-3125



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0448199

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000324845
04/22/05-20112-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUBIRALTA, JOSE MARIA
STREET ADDRESS	FRANCISCO DARDER 19-21
CITY-STATE-ZIP	BARCELONA, SPAIN,
TITLE	VPT
NAME	MARTIN, JOSE LUIS
STREET ADDRESS	PROVENZA 165, 3-8-
CITY-STATE-ZIP	BARCELONA, SPAIN,
TITLE	VP
NAME	DURAN, FRANCISCO
STREET ADDRESS	UGH STREET, UNIT 3
CITY-STATE-ZIP	BOSTON, MA 02116
TITLE	VP
NAME	MANENT, JOSE
STREET ADDRESS	176 PARTRIDGE LANE
CITY-STATE-ZIP	CONCORD, MA 01742
TITLE	VPST
NAME	CLAYTON, JR., JAMES A.
STREET ADDRESS	325 APPLETON STREET
CITY-STATE-ZIP	N. ANDOVER, MA 01845
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Clayton, Jr. JAMES A. CLAYTON, JR. 04/15/05 (781)861-4025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #