

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 016 ***150.00

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**

40073285



04112007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RUBIRALTA, JOSE MARIA
FRANCISCO DARDER 19-21
BARCELONA, SPAIN,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
MARTIN, JOSE LUIS
PROVENZA 165, 3-8-
BARCELONA, SPAIN,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
~~BORAN, FRANCISCO~~
~~1101 STREET, UNIT 3~~
~~BOSTON, MA 02116~~**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MANENT, JOSE
176 PARTRIDGE LANE
CONCORD, MA 01742**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPST
CLAYTON, JR., JAMES A.
325 APPLETON STREET
N. ANDOVER, MA 01845**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. CLAYTON, JR.

SECRETARY

Date

Daytime Phone #

04/12/07 (781) 861-4025