

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36504 (9)

1. Corporation Name

ARGO INSTRUMENTS, INC.

Principal Place of Business

212 FT COLLIER RD
WINCHESTER VA 22603
US

Mailing Address

212 FT COLLIER RD
WINCHESTER VA 22603
US

3. Date Incorporated or Qualified
12/02/1991

3a. Date of Last Report
03/31/1995

4. FEI Number

54-1182092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent in Block 12

NAME Registered Agent Signature, typed or printed name of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DC
WUPPERMAN, DR. THEODOR
POSTFACGM 1640D-7730
VILLINGEN GE

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DC
SCHNEIDER, BERNHARD
450 PARK AVE. 24TH FLOOR
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DVS
HANS, EDWARD
212 FT. COLLIER RD.
WINCHESTER VA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
STRAUB DIETMAR DR.
POSTFACH 1640 D-7730
VILLINGEN GE

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P
PAYNE, DAVID
853 HILLSIDE AVE.
GLEN-ELLYN IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

109 02 Kridge Lane
Winchester, VA 22603

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD HANS

(540)665-0200

CR2E034 (12/95)