

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90280 020 ***150.00

DOCUMENT # <u>P97000045093</u>
1. Entity Name INSTRUMENTATION SERVICES INC.

DO NOT WRITE IN THIS SPACE

11032431

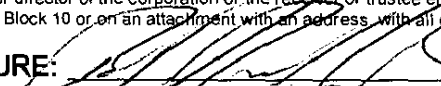
2. Principal Place of Business 200 E. WOODLAWN ST. Suite, Apt. #, etc. SUITE 320 City & State CHARLOTTE, NC Zip 28217		3. Mailing Address PO BOX 474570 Suite, Apt. #, etc. City & State CHARLOTTE, NC Zip 28247-4570	
Country US	Country US		

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1051265		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name JOHN TILLMAN		
Street Address (P.O. Box Number is Not Acceptable) 747 BRIDGECREEK COURT		
City SANFORD	FL	Zip Code 32771

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		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERT MANUELSMITH 200 E. WOODLAWN ST, STE 320 CHARLOTTE, NC 28217	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHN TILLMAN 747 BRIDGECREEK COURT SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address with all other like empowered.			
SIGNATURE: 		ROBERT P. MANUELSMITH 04/28/03 704-523-2089	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #