


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # V08039 1. Entity Name MTS INSTRUMENTS, INC.	
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Principal Place of Business 1295 SW 29TH AVE POMPANO BEACH, FL 33069	Mailing Address ONE JOHNSON & JOHNSON PLZ WH-3163 NEW BRUNSWICK, NJ 08933
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04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0309948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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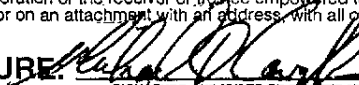
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000319273 04/20/05-80094-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERG, STEVEN M ONE JOHNSON & JOHNSON PLZ NEW BRUNSWICK, NJ 08933	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUGHLIN, MICHAEL D ONE JOHNSON & JOHNSON PLZ NEW BRUNSWICK, NJ 08933	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUGHLIN, MICHAEL D ONE JOHNSON & JOHNSON PLZ NEW BRUNSWICK, NJ 08933	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Michael D. Coughlin, Secretary April 14, 2005 732-524-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #