

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # V08039

1. Entity Name
MTS INSTRUMENTS, INC.



Principal Place of Business
**1295 SW 29TH AVE
POMPANO BEACH, FL 33069**

Mailing Address
**ONE JOHNSON & JOHNSON PLZ
WH-3163
NEW BRUNSWICK, NJ 08933**



06062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0309948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

**U00000567066
06/12/06-80007-013 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSENBERG, STEVEN M
STREET ADDRESS ONE JOHNSON & JOHNSON PLZ
CITY-ST-ZIP NEW BRUNSWICK, NJ 08933

TITLE V
NAME COUGHLIN, MICHAEL D
STREET ADDRESS ONE JOHNSON & JOHNSON PLZ
CITY-ST-ZIP NEW BRUNSWICK, NJ 08933

TITLE S
NAME COUGHLIN, MICHAEL D
STREET ADDRESS ONE JOHNSON & JOHNSON PLZ
CITY-ST-ZIP NEW BRUNSWICK, NJ 08933

TITLE
NAME
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Coughlin 6/6/06 7325242916

Date

Daytime Phone #