

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

4. Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.		some or rejusing to file its and	rual report within thirty (30) days after	r the time prescribed by law (F	R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 118139		trology, Inc.			
3. Street Address Principal Business (Office		City	State	
250 Circuit Drive			North Kingstown	RI	^{Zip} 02852
4. Business Phone No. 5. State of Incorporation		5. State of Incorporation	<u> </u>		_ _
401-886-2000 Delaware					
6. Brief Description of the Character				910/0	
Operate in the M 7. NAMES AND ADDRESSES	etrology Indu OF THE OFFICERS:	stry/Manufactu <i>("X" BOX FOR ATTA</i>	re of Precision Too	ols & Equipment	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			Vice President Name	ES BEFORE USING AT	FACHMENTS
Angus Taylor			Mark Delaney		
Street Address			Street Address		
5145 Avenida Encinas			250 Circuit Drive		
Carlsbad	State CA	^{Zip} 92008	City North Kingstown	State RI	^{Zip} 02852
Secretary Name			: Treasurer Name	.1	
Collin A. Webb			None		
Street Address 5051 Peachtree Corners Cir., Ste. 250			Street Address None		
City Norcross	State GA	^{Zip} 30092	City None	State None	Zip N
8. NAMES AND ADDRESSES			: None	None	None
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	CA BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	CES BEFORE USING A	ITACHMENTS
Ola Rollen			Haken Halen		
Street Address Hexagon Metrology AB			Street Address		
4th Floor, 1 Riverside Manbre Road			Cylindervagen 12 Box 1112		
City London	State UK	zip W6 9WA	Nacka Strand	State Sweden	^{Zip} 13126
Director Name	J	*********************	Director Name	<u> </u>	
William Gruber			None		
Street Address 250 Circuit Drive			Street Address		
City			None		
North Kingstown	State RI	^{Zip} 02852	City None	State None	Zip None
9. SHARES AUTHORIZED	'	j	10. SHARES ISSUED ("X"	 Roy for attacume	
			ISSUED SHARES — THIS SECTION A	MUST BE COMPLETED	NI) [
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
					1 in value
			100	Common	.01
					
This are at 1			<u>_</u>		
This report must be executed of	on behalf of the corpo	ration by an authorized	I representative. If the corpora	tion is in the hands of a	receiver or trustee

report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date FEB 18 2009
Check No. By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.
Connellaringer 1) 27/2009
Signature
Dang J. Croxners
Print or Type Name
Leaser o Legal Manager
Title \(\frac{1}{2}\)
Form 630 Rev. 08/08