

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	<sup>Zip</sup> 02852
4. Business Phone No.		5. State of Incorporation	<del></del>		_ <del>_</del>
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 CHMENT) T FILL IN SPACE	ols & Equipment	
President Name		( == ZUM LOR MAIM	Vice President Name	ES BEFORE USING AT	<b>FACHMENTS</b>
Angus Taylor			Mark Delaney		
Street Address			Street Address		
5145 Avenida Encinas			250 Circuit Drive		
Carlsbad	State CA	<sup>Zip</sup> 92008	City North Kingstown	State RI	<sup>Zip</sup> 02852
Secretary Name	######################################	do	: Treasurer Name	.1	
Collin A. Webb			None		
Street Address 5051 Peachtree Corners Cir., Ste. 250			Street Address None		
City Norcross	State GA	<sup>Zip</sup> 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	<b>ITACHMENTS</b>
01a 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	<sup>Zip</sup> 13126
Director Name	J	*********************	Director Name	<u> </u>	
<u>Willi</u> am Gruber			None		
Street Address 250 Circuit Drive			Street Address		
City			None		
North Kingstown	State RI	<sup>Zip</sup> 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
				<del></del>	
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.

1	FILED
	File Date FEB 18 2009
	Check No. By 655
İ	Ву:
L	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