



AMENDED



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87368** 2. Name of Corporation **Scientific Instruments Development, Inc.**
3. Street Address Principal Business Office **584 Park East Drive** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **401-765-7600** 5. State of Incorporation **Rhode Island** 6. SIC Code **1883**
7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturing and/or sales of measuring equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Sergio Berti Street Address Viale Delle Industrie, 13 City Ronchi Di State Italy Zip 350 10 Secretary Name Sergio Berti Street Address as above City _____ State _____ Zip _____	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____ Treasurer Name Sergio Berti Street Address as above City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Sergio Berti Street Address Viale Delle Industrie, 13 City Ronchi Di State Italy Zip 350 10 Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
8,000	Common	\$1.00

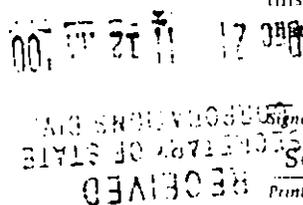
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
8.3047	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

File Date: **FILED**
DEC 21 2000
Check No.: _____
By: **By KIN no fee**
FOR SECRETARY OF STATE USE ONLY



Signature of Officer **Sergio Berti** Date _____
Print or Type Name of Officer
President
Title of Officer