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Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90006 009 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003414**

1. Corporation Name  
**DADE MICROSCAN INC.**



Principal Place of Business <b>1584 ENTERPRISE BLVD W SACRAMENTO CA 95691</b>	Mailing Address <b>TAX DEPARTMENT P.O BOX 780, 1717 DEERFIELD RD DEERFIELD IL 60015-0780 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>07/05/1996</b>	
4. FEI Number <b>36-3991686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, STEVEN W</b>	1.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFFEY, JOHN M</b>	2.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLO, MICHAEL P</b>	3.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRSCH, ADAM</b>	4.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNNELLY, MARK E</b>	5.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREJSA, NANCY A.</b>	6.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN M. DUFFEY**  
VICE PRESIDENT  
Date: **4/2/99** Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)