

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 010 ***150.00

DOCUMENT # F96000003414

1. Entity Name
DADE MICROSCAN INC.

Principal Place of Business
**1584 ENTERPRISE BLVD
 W SACRAMENTO CA 95691**

Mailing Address
**TAX DEPARTMENT
 P.O BOX 790, 1717 DEERFIELD RD
 DEERFIELD IL 60015-0780
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3991686**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARNES, STEVEN W	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUFFEY, JOHN M	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUCKLO, MICHAEL P	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIRSCH, ADAM	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNNELLY, MARK E	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	T	<input type="checkbox"/> Delete
NAME	KREJSA, NANCY A.	
STREET ADDRESS	1717 DEERFIELD RD	
CITY-ST-ZIP	DEERFIELD IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Leanne M. ONO	
STREET ADDRESS	1717 Deerfield Rd	
CITY-ST-ZIP	Deerfield, IL 60015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leanne M. Ono
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 847-236-7020
 Date Daytime Phone #

CR2E034 (9/99)