

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P24053

(1)

1. Corporation Name

GELMAN SCIENCES INC.

Principal Place of Business

**600 SOUTH WAGNER ROAD
ANN ARBOR MI 48103-9714**

Mailing Address

**600 SOUTH WAGNER ROAD
ANN ARBOR MI 48103-9714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

38-1614806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KETCHEL, TERRENCE
99 RACETRACK ROAD, NW
3RD FLOOR
FT. WALTON BEACH FL 32548**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GEISHECKER, JOHN A. J
STREET ADDRESS	600 W. WAGNER ROAD
CITY - ST - ZIP	ANN ARBOR MI
TITLE	D
NAME	MCCLELLAND, NINA I. P
STREET ADDRESS	600 S. WAGNER RD
CITY - ST - ZIP	ANN ARBOR MI
TITLE	D
NAME	NEWMAN, CHARLES
STREET ADDRESS	600 S. WAGNER RD
CITY - ST - ZIP	ANN ARBOR MI
TITLE	VT
NAME	FAHRNER, JAMES J.
STREET ADDRESS	600 S. WAGNER RD
CITY - ST - ZIP	ANN ARBOR MI
TITLE	D
NAME	HYMANS, SAUL H.
STREET ADDRESS	UNIVERSITY OF MICHIGAN
CITY - ST - ZIP	ANN ARBOR MI
TITLE	V/P
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	C/D	☐ Change ☒ Addition
1.2 NAME	GELMAN, CHARLES	
1.3 STREET ADDRESS	600 S WAGNER ROAD	
1.4 CITY - ST - ZIP	ANN ARBOR, MI 48103	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	EDWARD J LEVITT	
2.3 STREET ADDRESS	600 S WAGNER ROAD	
2.4 CITY - ST - ZIP	ANN ARBOR, MI 48103	
3.1 TITLE	P/D	☐ Change ☒ Addition
3.2 NAME	DAVIS, KIM A	
3.3 STREET ADDRESS	600 S WAGNER ROAD	
3.4 CITY - ST - ZIP	ANN ARBOR, MI 48103	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	COLLINS, ROBERT	
4.3 STREET ADDRESS	600 S WAGNER ROAD	
4.4 CITY - ST - ZIP	ANN ARBOR MI 48103	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	KIMURA, HAJIME M.D.	
5.3 STREET ADDRESS	JMS CO. LTD.	
5.4 CITY - ST - ZIP	HIROSHIMA JAPAN	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, with an attachment with an address.

SIGNATURE:

James J. Fahrner

James J. Fahrner

Vice President

4/18/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

313-665-0651

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