

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24053

**Entity Name:** GELMAN SCIENCES INC.**Current Principal Place of Business:**600 SOUTH WAGNER ROAD  
ANN ARBOR, MI 48103-9019**Current Mailing Address:**600 SOUTH WAGNER ROAD  
ANN ARBOR, MI 48103-9019 US**FEI Number: 38-1614806****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD AND  
PRESIDENT  
Name BARATELLI, YVES  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title SECRETARY  
Name COLVIN, CATHLEEN  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title DIRECTOR  
Name BARATELI, YVES  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title DIRECTOR  
Name GRUBER, JOHN  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title TREASURER  
Name JONES, BRENT  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title ASSISTANT SECRETARY  
Name FINK, LAURA  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title DIRECTOR  
Name COLVIN, CATHLEEN  
Address 25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CATHLEEN COLVIN****SECRETARY****03/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date