# 2015 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

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# FILED Apr 20, 2015 Secretary of State CC2232960545

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title Name Address City-State-Zip:	CHAIRMAN OF THE BOARD AND PRESIDENT BARATELLI, YVES 25 HARBOR PARK DRIVE PORT WASHINGTON NY 11050	Title Name Address City-State-Zip:	TREASURER JONES, BRENT 25 HARBOR PARK DRIVE PORT WASHINGTON NY 11050
Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	COLVIN, CATHLEEN	Name	FINK, LAURA
Address	25 HARBOR PARK DRIVE	Address	25 HARBOR PARK DRIVE
City-State-Zip:	PORT WASHINGTON NY 11050	City-State-Zip:	PORT WASHINGTON NY 11050
Title	DIRECTOR	Title	DIRECTOR
Name	BARATELI, YVES	Name	COLVIN, CATHLEEN
Address	25 HARBOR PARK DRIVE	Address	25 HARBOR PARK DRIVE
City-State-Zip:	PORT WASHINGTON NY 11050	City-State-Zip:	PORT WASHINGTON NY 11050
Title Name Address	DIRECTOR GRUBER, JOHN 25 HARBOR PARK DRIVE		

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: LAURA FINK

City-State-Zip: PORT WASHINGTON NY 11050

ASSISTANT SECRETARY 04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date