

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24053

Entity Name: GELMAN SCIENCES INC.**Current Principal Place of Business:**600 SOUTH WAGNER RD
ANN ARBOR, MI 48103**Current Mailing Address:**25 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050 US**FEI Number:** 38-1614806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name LUTZ, ROBERT S.
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title PRESIDENT
Name HONEYCUTT, JENNIFER
Address 600 SOUTH WAGNER RD
City-State-Zip: ANN ARBOR MI 48103

Title TREASURER
Name MCFADEN, FRANK T.
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR
Name MCFADEN, FRANK T.
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title SECRETARY
Name O'REILLY, JAMES F.
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

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: FRANK T. MCFADEN**TREASURER****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date