

**2019 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, VP  
Name LUTZ, ROBERT S.  
Address 2200 PENNSYLVANIA AVE  
NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

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

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

Title VP  
Name CORNELL, BRETT  
Address 2200 PENNSYLVANIA AVE  
NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

Title VP  
Name FIGG, JEFFREY  
Address 600 SOUTH WAGNER RD  
City-State-Zip: ANN ARBOR MI 48103

*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 MCFADEN**TREASURER****03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date