

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24053

**Entity Name:** GELMAN SCIENCES INC.**Current Principal Place of Business:**600 SOUTH WAGNER RD  
ANN ARBOR  
MICHIGAN,, DC 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 VP, SECRETARY  
Name JAMES, O'REILLY,  
Address 2200 PENNSYLVANIA AVE.,  
NW SUITE 800W,  
City-State-Zip: WASHINGTON, DC 20037

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

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

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

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

Title VP  
Name CHRISTOPHER, BOUDA  
Address 600 SOUTH WAGNER RD  
ANN ARBOR  
City-State-Zip: MICHIGAN, DC 48103

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

Title ASSISTANT SECRETARY  
Name LAURA, FINK,  
Address 600 SOUTH WAGNER RD  
ANN ARBOR  
City-State-Zip: MICHIGAN, DC 48103

**Continues on page 2**

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

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name CATHLEEN, COLVIN,  
Address 600 SOUTH WAGNER RD  
ANN ARBOR  
City-State-Zip: MICHIGAN, DC 48103

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