

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # P24053

(1)

1. Corporation Name

GELMAN SCIENCES INC.



Principal Place of Business

600 SOUTH WAGNER ROAD
ANN ARBOR MI 48103-9019
US

Mailing Address

600 SOUTH WAGNER ROAD
ANN ARBOR MI 48103-9002
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

03/11/1996

4. FEI Number

38-1614806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KETCHEL, TERRENCE
99 RACETRACK ROAD, NW
3RD FLOOR
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEISHECKER, JOHN A. J	
STREET ADDRESS	600 W. WAGNER ROAD	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCLELLAND, NINA I. P	
STREET ADDRESS	600 S. WAGNER RD	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, CHARLES	
STREET ADDRESS	600 S. WAGNER RD	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FAHRNER, JAMES J.	
STREET ADDRESS	600 S. WAGNER RD	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HYMANS, SAUL H.	
STREET ADDRESS	UNIVERSITY OF MICHIGAN	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ERIC KRASNOFF	
1.3 STREET ADDRESS	2200 Northern Blvd	
1.4 CITY - ST - ZIP	East Hills NY 11548	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeremy Hayward - Surry	
2.3 STREET ADDRESS	2200 Northern Blvd	
2.4 CITY - ST - ZIP	East Hills, NY 11548	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Ann Bartlett	
3.3 STREET ADDRESS	2200 Northern Blvd	
3.4 CITY - ST - ZIP	East Hills NY 11548	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kim Davis	
4.3 STREET ADDRESS	600 S Wagner Rd	
4.4 CITY - ST - ZIP	Ann Arbor MI 48103	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Samuel Wortham	
5.3 STREET ADDRESS	600 S Wagner Rd	
5.4 CITY - ST - ZIP	Ann Arbor, MI 48103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97
Date

313 913 6370
Daytime Phone #

CR2E034 (9/96)