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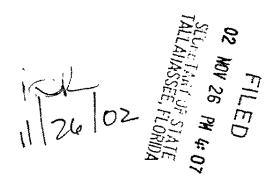


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CT CORPORATION

November 26, 2002 Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399 Order #: 5729234 SO Re: Customer Reference 1: Customer Reference 2: Dear Secretary of State, Florida: Please file the attached: GELMAN SCIENCES, INC. (MI) Change of Agent Florida Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention. If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help. Sincerely, Katrina Forsman Fulfillment Specialist Katrina_Forsman@cch-lis.com

Page 1 of 1

660 East Jefferson Street Tallahassee, F£ 32301 Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OF STATEMENT OF CHANGE OF CHANGE OF STATEMENT OF CHANGE OF STATEMENT OF CHANGE O

	the provisions of sections 607.0502,		-		, Florida Sta	tutes,
-	ed corporation organized under the l ollowing statement in order to chang	•			l agant on ba	th in
the State of F		e no regionere	a ogjice	or registered	agem, or ou	v.11., L11.
•	of the corporation : GELMAN SCIENCE	ES INC.		± • ••		
		<u> </u>				
2. The mailin	g address of the corporation : 600 Sour	h Wagner Road	Ām Ar	bor, MI 48103		
3. Date of inc	corporation/qualification: April 25, 198	391	Docume	ent number: P	 24053	
	and address of the current registered a	•		_	—————————————————————————————————————	
T. The hance	and address of the editent registered a	gent and othe	·C		ALSSE SEE	
	Terrence Ketchel		_	<u> </u>		
	99 Racetract Road, NW				26 ASS	F
	FT. Walton Beach, FL 32548					
5. The name a	and address of the new registered age	nt (if changed lot Acceptable		registered of	fice if change	ed):
	C T Corporation System	- · · · · · · · · · · · · · · · · · · ·		والموالية الموارعوات	Am 3	
	c/o C T Corporation System, 1200 South	Pine Island Roa	d,			
	Plantation, Florida 33324		_	pr ver	- • • • •	
The street addagent, as char	dress of its registered office and the saged, will be identical.	street address	of the b	ousiness offic	e of its regist	ered
Such change	was authorized by resolution duly action board.	lopted by its b	ooard of	directors or l	by an officer	so
	77	-		11/25	102	
(Signatu	re of an officer, chairman or vice chairman of th	e board)		(Date	el	•
MARY	ANN S.BARTLEH (Printed or typed name and title)	Cop. Sec	reta	iry		
corporation, I I further agre performance (named as registered agent and to ac hereby accept the appointment as r e to comply with the provisions of a my duties, and I am familiar with	egistered age Il statutes rela	nt and c ctive to	agree to act ii the proper an	n this capaci id complete	ty.
registered age CT Corporation By:	System Gallo	la	=======================================	1//21/0	02	
	(Signature of Registered Agent)	atrick A. Nol	n o	(Date)		
If signing on bel	gap or an enucy.	sistant Secret			_	
	(iy, ed or Printed Name)	<u> </u>		(Capacity)		, *
	* * * FILING I	EE: \$35.00 °	* * *			

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314