

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **P25366 (6)**

1. Corporation Name
BIO-RAD LABORATORIES, INC.



Principal Place of Business: **1000 ALFRED NOBEL DRIVE HERCULES CA 94547**
Mailing Address: **1000 ALFRED NOBEL DRIVE HERCULES CA 94547**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Organized: **07/20/1989** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **94-1381833** 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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SCHWARTZ, DAVID | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BENNETT, JAMES | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HILLMAN, ALBERT | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |
| TITLE | GCS | <input type="checkbox"/> DELETE |
| NAME | WADLER, SANFORD | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |
| TITLE | VDD | <input type="checkbox"/> DELETE |
| NAME | ZABIN, BURTON A. | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SCHWARTZ, NORMAN | |
| STREET ADDRESS | 1000 ALFRED NOBEL DRIVE HERCULES CA | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-STATE-ZIP | | |
| 21 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-STATE-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-STATE-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-STATE-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-STATE-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-STATE-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 199.07(3)(a), 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 registrar or trustee or guardian or executor or administrator or representative as provided for in Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an additional block with an address.

SIGNATURE: *Sanford Wadler* **SANFORD WADLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96
(510) 724-7000
Division of Corporations

CR2E034 (12/95)

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BIO-RAD LABORATORIES, INC.
SCHEDULE OF OFFICERS

| OFFICER | ADDRESS |
|--|---|
| President, David Schwartz | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Vice President, James J. Bennett | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Vice President, Thomas L. Braje | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Vice President, Norman Schwartz | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Vice President, Burton A. Zabin | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| General Counsel and Secretary, Sanford Wadler | 1000 Alfred Nobel Dr. Hercules, CA 94547 |

SCHEDULE OF DIRECTORS

| | |
|------------------|---|
| James J. Bennett | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Albert Hillman | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Philip Padou | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Alice Schwartz | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| David Schwartz | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Burton A. Zabin | 1000 Alfred Nobel Dr. Hercules, CA 94547 |
| Norman Schwartz | 1000 Alfred Nobel Dr. Hercules, CA 94547 |