

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAR 30 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852526 (3)
1. Corporation Name
THE ANALYTIC SCIENCES CORPORATION

Principal Place of Business Mailing Address
55 WALKERS BROOK DRIVE 55 WALKERS BROOK DRIVE
READING MA 01867 READING MA 01867

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/08/1982	04/19/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		04-2393618	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1. TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELB, ARTHUR	12. NAME	John C. Holt
STREET ADDRESS	55 WALKERS BROOK DRIVE	13. STREET ADDRESS	313 Ocean Ave.
CITY- ST- ZIP	READING MA 01867	14. CITY- ST- ZIP	Marblehead, MA 01945
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, HARRY B.	22. NAME	Delete
STREET ADDRESS	55 WALKERS BROOK DRIVE	23. STREET ADDRESS	
CITY- ST- ZIP	READING MA	24. CITY- ST- ZIP	
TITLE	D	31. TITLE	DC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPUTYS, JOSEPH E.	32. NAME	
STREET ADDRESS	55 WALKERS BROOK DRIVE	33. STREET ADDRESS	398 Simon Willard Rd.
CITY- ST- ZIP	READING MA	34. CITY- ST- ZIP	Concord, MA 01742
TITLE	TS	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNEY, JOHN W.	42. NAME	900001444699
STREET ADDRESS	55 WALKERS BROOK DRIVE	43. STREET ADDRESS	-03/31/95--01028--016
CITY- ST- ZIP	READING MA 01867	44. CITY- ST- ZIP	***200.00 ***200.00
TITLE	VD	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARGULA, MICHAEL R	52. NAME	
STREET ADDRESS	55 WALKERS BROOK DR	53. STREET ADDRESS	
CITY- ST- ZIP	READING MA 01867	54. CITY- ST- ZIP	
TITLE	VD	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANSLER, JACQUES S	62. NAME	
STREET ADDRESS	55 WALKERS BROOK DRIVE	63. STREET ADDRESS	
CITY- ST- ZIP	READING MA 01867	64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition.

SIGNATURE: **John W. Putney** *John W. Putney* 3/27/95 617-942-2000
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Area #)