

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003355

FILED  
Mar 22, 2004  
Secretary of State

Entity Name: APPLERA CORPORATION

## Current Principal Place of Business:

301 MERRITT 7  
NORWALK, CT 068565435

## New Principal Place of Business:

## Current Mailing Address:

301 MERRITT 7  
P.O. BOX 5435  
NORWALK, CT 068565435

## New Mailing Address:

FEI Number: 06-1534213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITE, TONY L  
Address: 301 MERRITT 7 P.O. BOX 5435  
City-St-Zip: NORWALK, CT 068565435

Title: VP ( ) Delete  
Name: HUNKAPILLER, MICHAEL W  
Address: 850 LINCOLN CENTRE DRIVE  
City-St-Zip: FOSTER CITY, CA 944041128

Title: VP ( ) Delete  
Name: BLOCK, DAVID S  
Address: 45 WEST GUDE DRIVE  
City-St-Zip: ROCKVILLE, MD 20850

Title: VP ( ) Delete  
Name: BRODER, SAMUEL E  
Address: 45 WEST GUDE DRIVE  
City-St-Zip: ROCKVILLE, MD 208501232

Title: VP ( ) Delete  
Name: JONES, ROBERT C  
Address: 85 LINCOLN CENTRE DRIVE M/S 432-3  
City-St-Zip: FOSTER CITY, CA 944041128

Title: T ( ) Delete  
Name: OSTASZEWSKI, JOHN S  
Address: 301 MERRITT 7 P.O. BOX 5435  
City-St-Zip: NORWALK, CT 068565435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ORDONEZ, KATHY P  
Address: 45 WEST GUDE DRIVE  
City-St-Zip: ROCKVILLE, MD 20850

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN S OSTASZEWSKI

T

03/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date