2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90136 032 ***150.00

DOCUMENT # F02000003355

1. Entity Name
APPLERA CORPORATION

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
301 MERRITT 7 NORWALK CT 06856-5435	301 MERRITT 7 NORWALK CT 06856-5435

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	301 MERRITT 7 Suite, Apt. #, etc. P.O. Box 5435
City & State	City & State NORWALK, CT
Zip / Country	Zip / Country 06856-5435 / USA

4. FEI Number 06-1534213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITE, TONY L 301 MERRITT 7 P.O. BOX 5435 NORWALK CT 06856-5435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALBIN, MICHAEL 850 LINCOLN CENTRE DRIVE FOSTER CITY CA 94404-1128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUNKAPILLER, MICHAEL W. 850 LINCOLN CENTRE DRIVE FOSTER CITY, CA 94404-1128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOCK, DAVID S 45 WEST GUDE DRIVE ROCKVILLE MD 20850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRODER, SAMUEL E 45 WEST GUDE DRIVE ROCKVILLE MD 20850-1232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, ROBERT C 85 LINCOLN CENTRE DRIVE M/S 432-3 FOSTER CITY CA 94404-1128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OSTASZEWSKI, JOHN S. 301 MERRITT 7, P.O. Box 5435 NORWALK, CT 06856-5435	☐ Change ☒ Addition

CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John S. Ostaszewski 1/16/03 (203) 840-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #