## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000832

Entity Name: LEICA BIOSYSTEMS RICHMOND, INC.

FILED May 01, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5205 RT 12

RICHMOND, IL 60071

Current Mailing Address: New Mailing Address:

6095 PARKLAND BOULEVARD SUITE 310 MAYFIELD HEIGHTS, OH 44124

FEI Number: 36-2899171 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US

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

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: LUTZ, ROBERT S

Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W

City-St-Zip: WASHINGTON, DC 20037

Title: VP

Name: MCFADEN, FRANK T

Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W

City-St-Zip: WASHINGTON, DC 20037

Title: VP

Name: O'REILLY, JAMES F

Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W

City-St-Zip: WASHINGTON, DC 20037

Title: AS/T

Name: SCHWERTNER, CHARLES A MR Address: 6095 PARKLAND BLVD. - SUITE 310

City-St-Zip: MAYFIELD HTS, OH 44124

Title: VF

Name: SMITH, LAURENCE S

Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W

City-St-Zip: WASHINGTON, DC 20037

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A SCHWERTNER AS/T 05/01/2012