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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004831

1. Corporation Name

Harris Laboratories, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
621 Rose Street	621 Rose Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lincoln, NE	City & State: Lincoln, NE
Zip: 68501 Country: USA	Zip: 68501 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/97

5. FEI Number: 47-0435749 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Numbers Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301-2525

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jeff Everhart Jeff Everhart, Agent Representative Date: 10-31-2000
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED SHEET		

AD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that either this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Samuel P. Saever 10/31/00 (402) 476-2811
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone

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HARRIS LABORATORIES, INC.

LIST OF

OFFICERS AND DIRECTORS

NAME	TITLE AND ADDRESS
Keith C. Mitchell	Director and Chief Financial Officer 621 Rose Street Lincoln, NE 68501
Samuel F. Seever	Director, Secretary and Vice President, Quality Assurance and Legal Affairs 621 Rose Street Lincoln, NE 68501
John A. Rogers	Chairman 621 Rose Street Lincoln, NE 68501
Douglas J. P. Squires	President and Chief Executive Officer 621 Rose Street Lincoln, NE 68501
James Edward McClurg	Senior Vice President 621 Rose Street Lincoln, NE 68501
Lewis E. Harris	Assistant Secretary 621 Rose Street Lincoln, NE 68501
Cameron P. Hicks	Vice President, Organizational Development 621 Rose Street Lincoln, NE 68501
Peter D. Winkley	Vice President 621 Rose Street Lincoln, NE 68501

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

HARRIS LABORATORIES, INC.

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