

**FICE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09256 (9)**  
 1. Corporation Name  
**MILLIPORE CORPORATION**



Principal Place of Business <b>80 ASHBY ROAD BEDFORD MA 01730</b>	Mailing Address <b>80 ASHBY ROAD BEDFORD MA 01730-2237</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/26/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>04-2170233</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C. WILLIAM ZADEL</b>	1.2 NAME	
STREET ADDRESS	<b>76 HOWARD GLEASON ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COHASSET MA</b>	1.4 CITY-ST-ZIP	<b>SEE ATTACHED SCHEDULES</b>
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEARD, JOHN E</b>	2.2 NAME	
STREET ADDRESS	<b>104 GLEZEN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYLAND MA</b>	2.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES, GEOFFREY</b>	3.2 NAME	
STREET ADDRESS	<b>94 BRATTLE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, MICHAEL P.</b>	4.2 NAME	
STREET ADDRESS	<b>31 MAYNARD FARM</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUDBURY MA</b>	4.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, PATRICIA (CLERK)</b>	5.2 NAME	
STREET ADDRESS	<b>25 COLBY ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 address.

SIGNATURE: *Patricia A. Powers* PATRICIA A POWERS 5-1-97 617/245-9900

CR2E034 (9/96)