

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90139 032 \*\*\*150.00

**DOCUMENT # P09256**

1. Entity Name  
**MILLIPORE CORPORATION**

Principal Place of Business

**80 ASHBY ROAD  
 BEDFORD MA 01730**

Mailing Address

**80 ASHBY ROAD  
 BEDFORD MA 01730**

**B0113568**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2170233**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS *SEE ATTACHED SCH* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |  |   |
|--|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO</b><br><b>C. WILLIAM ZADEL</b><br><b>76 HOWARD GLEASON ROAD</b><br><b>COHASSET MA</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOFFMAN, MARK</b><br><b>21 CAMPDEN HILL SQUARE</b><br><b>LONDON ENGLAND W87JY</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PYLE, THOMAS O</b><br><b>77 MCLAUGHLIN COURT</b><br><b>RICHMOND HILL GA 31324</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AC</b><br><b>POWERS, PATRICIA (CLERK)</b><br><b>25 COLBY ROAD</b><br><b>WELLESLEY MA</b>      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CALDWELL, ROBERT E</b><br><b>393 MADISON DRIVE</b><br><b>CONCORD MA 01742</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ZADEL, C. WILLIAM</b><br><b>9 NORTH BAY ROAD</b><br><b>OSTERVILLE MA 02655</b>    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen B Allen* **KATHLEEN B ALLEN** 4-29-02 781-533-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Directors of Millipore Corporation

Attachment  
#P09256

| Name                     | Mailing Address  |
|--------------------------|--|
| Prof. Dr. Daniel Bellus  | Muhlestiegrain 10<br>CH-4125 Riehen<br>Switzerland   |
| Robert C. Bishop, PhD.   | 1199 Madia Street<br>Pasadena, CA 91103  |
| Maureen A. Hendricks     | Salomon Smith Barney, Inc.<br>388 Greenwich Street<br>34th Floor<br>New York, NY 10013   |
| Mark Hoffman             | 21 Campden Hill Square<br>London W87JY<br>England  |
| Richard J. Lane          | Bristol-Myers Squibb Co.<br>Route 206 and Provinceline Rd.<br>Lawrenceville, NJ 08648<br>P.O. Box 4000 (Letters, etc.)<br>Princeton, NJ 08540-4000 |
| John F. Reno             | 63 Shore Road, Suite 33<br>Winchester, MA 01890  |
| C. William Zadel         | Millipore Corporation<br>80 Ashby Road<br>Bedford, MA 01730  |
| Edward M. Scolnick, M.D. | Merck Research Laboratories<br>770 Sunnyside Pike<br>WP26-215<br>West Point, PA 19486  |
| Francis J. Lunger        | Millipore Corporation<br>80 Ashby Road<br>Bedford, MA 01730  |