

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90100 017 ***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**

2. Principal Place of Business
290 Concord Road

3. Mailing Address
290 Concord Road

Suite, Apt. #, etc.

City & State
Billerica, MA

City & State
Billerica, Ma

Zip
01821

Country
USA

Zip
01821

Country
USA

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

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE LUNGER, FRANCIS J 8 BASSWOOD LANE ANDOVER MA 01810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MARK 21 CAMPDEN HILL SQUARE LONDON ENGLAND W87JY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ALLEN, KATHLEEN B 5 EQUESTRAIN DR NORTH READING MA 01864 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC POWERS, PATRICIA (CLERK) 25 COLBY ROAD WELLESLEY MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARY, JOHN EDWARD 103 KEARNEY RD POMFRET CENTER CT 06259 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZADEL, C. WILLIAM 9 NORTH BAY ROAD OSTERVILLE MA 02655 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francis J. Lunger* **3-27-03 978-715-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10007004



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)