

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19085

1. Entity Name

ROCHE DIAGNOSTICS CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90052 034 ***150.00

Principal Place of Business

Mailing Address

9115 HAGUE RD.

PO BOX 50528

INDIANAPOLIS IN 46250-0528

9115 HAGUE RD.

PO BOX 50528

INDIANAPOLIS IN 46250-0528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2511923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME WARE, DENNERT O
STREET ADDRESS 9042 DIAMOND POINTE
CITY-ST-ZIP INDIANAPOLIS IN 46236

TITLE VSD ☐ Delete
NAME OLDHAM, STEVE
STREET ADDRESS 795 WEDGEWOOD LANE
CITY-ST-ZIP CARMEL IN

TITLE V ☐ Delete
NAME KELLAR JOHN
STREET ADDRESS 10368 LANSDOWN DR
CITY-ST-ZIP INDIANAPOLIS IN

TITLE T ☐ Delete
NAME PETROVIC, WILLIAM
STREET ADDRESS 3674 E. CARMEL DR.
CITY-ST-ZIP CARMEL IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Madaus, Martin D.
STREET ADDRESS 12481 Silver Bay Circle
CITY-ST-ZIP Indianapolis, IN 46236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Burris, Wayne
STREET ADDRESS 7002 Dior Ct.
CITY-ST-ZIP Indianapolis, IN 46278

TITLE V ☐ Change ☒ Addition
NAME Ball, Bruce
STREET ADDRESS 10570 Ditch Road
CITY-ST-ZIP Indianapolis, IN 46032

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Kellar
Vice President

4/20/00

Date

(317)845-7106

Daytime Phone #