## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P19085

Entity Name: ROCHE DIAGNOSTICS CORPORATION

FILED Mar 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9115 HAGUE RD. P.O. BOX 50457 INDIANAPOLIS, IN 462500457				9115 HAGUE RD. P.O. BOX 50457 INDIANAPOLIS, IN 462500457 US			
Current Mailing Address:				New Mailing Address:			
9115 HAGUE RD. P.O. BOX 50457 NDIANAPOLIS, IN 462500457			9115 HAGUE RD. P.O. BOX 50457 INDIANAPOLIS, IN 462500457 US				
FEI Number: 13-2511923 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
1200 S. PIN PLANTATIO		AD	rpose of	f changing it	s registered of	fice or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent				 Date			
Election Cam	paign Financing	satisfy its Intangible Tax filing requir Trust Fund Contribution ( ).	rement a		, ,	TO OFFICERS AND DIRECTORS	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () E MADAUS, MARTII 12481 SILVER B INDIANAPOLIS, II	AY CIRCLE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD () E OLDHAM, STEVE 795 WEDGEWOO CARMEL, IN			Title: Name: Address: City-St-Zip:	VSD (X) OLDHAM, STEV 795 WEDGEWO CARMEL, IN 46	OOD LANE	
Title: Name: Address: City-St-Zip:	V () E KELLAR JOHN, 10368 LANSDOV INDIANAPOLIS, II			Title: Name: Address: City-St-Zip:	V (X) KELLAR JOHN, 10368 LANSDO INDIANAPOLIS,		
Title: Name: Address: City-St-Zip:	VT () E PETROVIC, WILL 3674 E. CARMEL CARMEL, IN	IAM,		Title: Name: Address: City-St-Zip:	VT (X) PETROVIC, WIL 3674 E. CARME CARMEL, IN 46	L DR.	
Title: Name: Address: City-St-Zip:	V () E BURRIS, WAYNE 7002 DIOR COUP INDIANAPOLIS, II	₹Т		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () E LISTER, WILLIAM 8902 WATERSID INDIANAPOLIS, II	E CIRCLE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. KELLAR VP 03/20/2002