2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19085

FILED Mar 11, 2004 Secretary of State

Entity Name: ROCHE DIAGNOSTICS CORPORATION

Current Pr	incipal Place of	Business:	New Princ	New Principal Place of Business:		
P.O. BOX 5 NDIANAPO	504547 DLIS, IN 46250	US	P.O. BOX INDIANAP	50457 OLIS, IN 46250	US	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 5 NDIANAPO	504547 DLIS, IN 46250	US	P.O. BOX INDIANAP	50457 OLIS, IN 46250	US	
El Number:	13-2511923 F	FEI Number Applied For() FEI N	umber Not App	licable () Ce	rtificate of Status Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 526 E. PARK AVENUE FALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
n the State of Florida.						
SIGNATURE: Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	PD () Del MADAUS, MARTIN 12481 SILVER BAY INDIANAPOLIS, IN	D / CIRCLE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Fitle: Name: Address: City-St-Zip:	VSD () Del OLDHAM, STEVE, 795 WEDGEWOOD CARMEL, IN 46036	D LANE	Title: Name: Address: City-St-Zip:	VSD (X) Cha OLDHAM, STEVE A 795 WEDGEWOOD CARMEL, IN 46036	LANE	
Fitle: Name: Address: Dity-St-Zip:	V () Del KELLAR JOHN, 10368 LANSDOWN INDIANAPOLIS, IN	I DR	Title: Name: Address: City-St-Zip:	V (X) Cha KELLAR, JOHN D 10368 LANSDOWN INDIANAPOLIS, IN		
Fitle: Name: Address: City-St-Zip:	VT () Del PETROVIC, WILLIA 3674 E. CARMEL D CARMEL, IN 46036	AM, DR.	Title: Name: Address: City-St-Zip:	VT (X) Cha PETROVIC, WILLIA 3674 E. CARMEL D CARMEL, IN 46036	R.	
Fitle: Name: Nddress: City-St-Zip:	V () Del BURRIS, WAYNE 7002 DIOR COURT INDIANAPOLIS, IN		Title: Name: Address: City-St-Zip:	V (X) Cha BURRIS, WAYNE C 7002 DIOR COURT INDIANAPOLIS, IN		
Fitle: Name: Address: City-St-Zip:	V () De LISTER, WILLIAM 8902 WATERSIDE INDIANAPOLIS, IN	CIRCLE	Title: Name: Address: City-St-Zip:	V (X) Cha LISTER, WILLIAM L 8902 WATERSIDE (INDIANAPOLIS, IN	CIRCLE	

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 V 03/11/2004