

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90158 021 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P25366**

1. Corporation Name  
**BIO-RAD LABORATORIES, INC.**

Principal Place of Business      Mailing Address  
**1000 ALFRED NOBEL DRIVE**      **1000 ALFRED NOBEL DRIVE**  
**HERCULES CA 94547**              **HERCULES CA 94547**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/20/1989**

4. FEI Number      Applied For  
**94-1381833**      Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |                                      |
|----------------------------|--------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE   |
| NAME                       | SCHWARTZ, DAVID                      |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |
| TITLE                      | VD <input type="checkbox"/> DELETE   |
| NAME                       | BENNETT, JAMES                       |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |
| TITLE                      | D <input type="checkbox"/> DELETE    |
| NAME                       | HILLMAN, ALBERT                      |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |
| TITLE                      | VGCS <input type="checkbox"/> DELETE |
| NAME                       | WADLER, SANFORD                      |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |
| TITLE                      | VD <input type="checkbox"/> DELETE   |
| NAME                       | ZABIN, BURTON A.                     |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |
| TITLE                      | VD <input type="checkbox"/> DELETE   |
| NAME                       | SCHWARTZ, NORMAN                     |
| STREET ADDRESS             | 1000 ALFRED NOBEL DRIVE              |
| CITY-ST-ZIP                | HERCULES CA                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sanford S. Wadler      SANFORD S. WADLER      Date: 4/12/99      Daytime Phone #: (510) 724-7000

CR2E034 (1/1/98)

BIO-RAD LABORATORIES, INC.  
SCHEDULE OF OFFICERS

P 25366

389796-90158-21

| OFFICER   | ADDRESS                                     |
|---|---|
| President, David Schwartz   | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, James J. Bennett                                    | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, George E. Bers                                      | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, Rello L. Cristea, Jr.                               | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, Norman Schwartz                                     | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, Burton A. Zabin                                     | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President, General Counsel<br>and Secretary, Sanford S. Wadler | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Vice President and Chief Financial<br>Officer, Thomas C. Chesterman | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Treasurer, Ronald W. Hutton   | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |

SCHEDULE OF DIRECTORS

| DIRECTOR          | ADDRESS                                     |
|-------------------|---|
| James J. Bennett  | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Albert J. Hillman | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Philip L. Padou   | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Alice N. Schwartz | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| David Schwartz    | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Norman Schwartz   | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |
| Burton A. Zabin   | 1000 Alfred Nobel Dr.<br>Hercules, CA 94547 |