

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002202

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC3074690919**

**Entity Name:** APPLIED BIOSYSTEMS, LLC

**Current Principal Place of Business:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008

**Current Mailing Address:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008

**FEI Number: 06-1534213**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LIFE TECHNOLOGIES CORPORATION  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title MGR  
Name SECONDINE, JOSEPH WJR.  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title MGR  
Name COTTINGHAM, JOHN A  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title MGR  
Name HOFFMEISTER, DAVID  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 93008

Title MGR  
Name SZEKERES, DAVID L  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID SZEKERES**

**MANAGER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date