2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003325

Entity Name: LIFE TECHNOLOGIES CORPORATION

Current Principal Place of Business:

5791 VAN ALLEN WAY CARLSBAD, CA 92008

Current Mailing Address:

81 WYMAN STREET WALTHAM, MA 02454 US

FEI Number: 33-0373077

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	EXECUTIVE VICE PRESIDENT	Title	TREASURER
	Name	STEVENSON, MARK P	Name	SMITH, ANTHONY H
	Address	5791 VAN ALLEN WAY	Address	81 WYMAN ST
	City-State-Zip:	CARLSBAD CA 92008	City-State-Zip:	WALTHAM MA 02454
	Title	ASSISTANT SECRETARY	Title	ASSISTANT SECRETARY
	Name	MACLEOD, GENOFFIR M	Name	BRUNI, JAMES E
	Address	5791 VAN ALLEN WAY	Address	300 INDUSTRY DR
	City-State-Zip:	CARLSBAD CA 92008	City-State-Zip:	PITTSBURGH PA 15275
	Title Name Address City-State-Zip:	ASSISTANT TREASURER SPELLMAN, MAURA A 81 WYMAN ST WALTHAM MA 02454	Title Name Address City-State-Zip:	ASSISTANT SECRETARY MICHAUD, MICHAEL K 81 WYMAN ST WALTHAM MA 02454
	Title Name Address City-State-Zip:	ASSISTANT SECRETARY BRIANSKY, SHARON S 81 WYMAN ST WALTHAM MA 02454	Title Name Address City-State-Zip:	DIRECTOR, PRESIDENT, SECRETARY HOOGASIAN, SETH H 81 WYMAN ST WALTHAM MA 02454

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 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 all other like empowered.

SIGNATURE: JAMES E BRUNI

ASSISTANT SECRETARY 04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date