

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003325

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC6557177541**

**Entity Name:** LIFE TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008

**Current Mailing Address:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008

**FEI Number: 33-0373077**

**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

**Officer/Director Detail :**

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

Title CEO  
Name LUCIER, GREGORY T  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

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

Title PCOO  
Name STEVENSON, MARK P  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title CFO  
Name HOFFMEISTER, DAVID F  
Address 5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title SR. DIRECTOR  
Name SZEKERES, DAVID F  
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 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: DAVID L. SZEKERES**

**SR. DIRECTOR**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date