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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morshon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **816312** (3)

1. Corporation Name

THE PERKIN-ELMER CORPORATION

Principal Place of Business

Mailing Address

29
NORWALK CT 06859-0186
US

761 MAIN AVE
NORWALK CT 06859-0186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1962** 3a. Date of Last Report **05/01/1994**

4. FEI Number **06-0490270** Applied For 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt # etc

26 State, Apt # etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.0503 and 607.1508, Florida Statutes, the above named corporation submits the 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

(Print Name of Current Registered Agent on this Page)

(Print Name of New Registered Agent on this Page)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

12.1 TITLE	V
12.2 NAME	GRACE, JULIANNE A.
12.3 STREET ADDRESS	MAIN AVENUE M/S #8
12.4 CITY, ST, ZIP	NORWALK CT
12.5 TITLE	PCD
12.6 NAME	KELLEY, GAYNOR N.
12.7 STREET ADDRESS	MAIN AVENUE M/S #18
12.8 CITY, ST, ZIP	NORWALK CT
12.9 TITLE	SV
12.10 NAME	SAWCH WILLIAM B
12.11 STREET ADDRESS	MAIN AVENUE M/S #71
12.12 CITY, ST, ZIP	NORWALK CT
12.13 TITLE	VPT
12.14 NAME	SEEGAL RHONDA
12.15 STREET ADDRESS	MAIN AVENUE M/S #5
12.16 CITY, ST, ZIP	NORWALK CT
12.17 TITLE	V
12.18 NAME	EMSWILER, WILLIAM F.
12.19 STREET ADDRESS	761 MAIN AVENUE
12.20 CITY, ST, ZIP	NORWALK CT
12.21 TITLE	CC
12.22 NAME	MCBENNETT JOHN
12.23 STREET ADDRESS	761 MAIN AVENUE
12.24 CITY, ST, ZIP	NORWALK CT

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Stephen O Jaeger
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, just, true, and correct for the information stated in Section 119.07(2)(b), 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 on Block 12 or Block 13 if I am agent, or on an attachment with my address.

SIGNATURE:

Sandra B. Morshon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System: Paper 8)

816312

THE PERKIN-ELMER CORPORATION
D I R E C T O R S

Mr. Joseph F. Abely, Jr.
Retired Chairman
Sea-Land Corporation
1210 Corbin Street
Elizabeth, NJ 07207
Phone: (908) 820-7003
FAX: (908) 820-7144

2 Dorchester Road
Summit, NJ 07901
Phone: (908) 277-2664

Mr. Richard H. Ayers
Chairman and Chief Executive Officer
The Stanley Works
1000 Stanley Drive
New Britain, CT 06053
Phone: (203) 225-5111
FAX: (203) 827-3895

114 Old Mill Road
Avon, CT 06001
Phone: (203) 673-1809

Mr. Jean-Luc Belingard
Director General
F. Hoffmann-LaRoche, Ltd.
Roche Diagnostics Systems
Postfach - Grenzacherstrasse 124
4002 Basel, Switzerland
Phone: 011-41-61 687 3050
FAX: 011-41-61 811 2751

Giornicostrasse 207
CH-4059 Basel, Switzerland
Phone: 011-41-61 35 51 90

Professor Robert H. Hayes
Harvard Business School
Morgan Hall T-35
Boston, MA 02163
Phone: (617) 495-6330
FAX: (617) 496-4066

53 Cedar Road
Belmont, MA 02178
Phone: (617) 484-3306

Mr. Gaynor N. Kelley
Chairman and
Chief Executive Officer
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0318
Phone: (203) 761-5432
FAX: (203) 761-5000

1801 Ponus Ridge Road
New Canaan, CT 06840
Phone: (203) 966-3362

230 Col. John Gardner Rd.
Narragansett, RI 02882
Phone: (401) 789-9101

Mr. Donald R. Melville
4 Paul Revere Road
Worcester, MA 01609
Phone: (508) 791-0075

REQUIRE NO SIGNATURE
ON PRIORITY MAIL

(ofadr)
3/16/95

DIRECTORS

816312

Mr. Riccardo Pigliucci
President and
Chief Operating Officer
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0309
Phone: (203) 761-5406
FAX: (203) 761-5000

15 Pheasant Hill Road
Weston, CT 06883
Phone: (203) 221-9217

Mr. Burnell R. Roberts
2340 Kettering Tower
Dayton, OH 45423
Phone: (513) 228-7322
FAX: (513) 228-8716

124 Forrer Road
Dayton, OH 45419

(Debbie Segar, Secretary
Phone: (513) 228-9171)

Mr. John S. Scott
1191 Smith Ridge Road
New Canaan, CT 06840
Phone: (203) 966-9146
FAX: (203) 966-8791

REQUIRE NO SIGNATURE
ON PRIORITY MAIL
NOTE: FEDERAL EX. ONLY

209 McNamara
(P.O. Box 680)
Dorset, VT 05251
Phone: (802) 362-4586

Dr. Carolyn W. Slayman
Sterling Professor and Chair
Yale University School of Medicine
Department of Genetics, I-310 SHM
333 Cedar Street
New Haven, CT 06510
Phone: (203) 785-5403/2649
FAX: (203) 785-7227

7 Briar Lane
Hamden, CT 06517
Phone: (203) 777-8086

Mr. Orin R. Smith
Chairman and Chief Executive Officer
Engelhard Corporation
101 Wood Avenue
Iselin, NJ 08830-0770
Phone: (908) 205-5545
FAX: (908) 906-0337

Middlebrook
(P.O. Box 631)
Oldwick, NJ 08858-0631
Phone: (908) 234-0332
FAX: (908) 719-2481

131 Washington Street
Duxbury, MA 02332
Phone/FAX: (617) 934-2489

305 Kit Carson Road
Taos, NM 87571
Phone: (505) 758-9105

81631a

DIRECTORS

Mr. Richard F. Tucker
Mobil Corporation
Post Office Box 2072
New York, NY 10163
Phone: (212) 883-4772
FAX: (212) 883-4770

11 Over Rock Lane
Westport, CT 06880
Phone: (203) 227-0783
FAX: (203) 226-2237

[For Summer Months]
31 Gardner Road
Nantucket, MA 02554
Phone: (508) 228-3810

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THE PERKIN-ELMER CORPORATION
OFFICERS

Mr. Gaynor N. Kelley
Chairman and
Chief Executive Officer
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0318
(203) 761-5432
FAX: (203) 761-5000

1801 Ponus Ridge Road
New Canaan, CT 06840
Phone: (203) 966-3362

230 Col. John Gardner Rd.
Narragansett, RI 02882
Phone: (401) 789-9101

Mr. Riccardo Figliucci
President and
Chief Operating Officer
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0309
Phone: (203) 761-5406
FAX: (203) 761-5000

15 Pheasant Hill Road
Weston, CT 06883
Phone: (203) 221-9217

Dr. Peter Barrett
Vice President,
Worldwide Sales and Service
The Perkin-Elmer Corporation
Applied Biosystems Division
850 Lincoln Centre Drive
Foster City, CA 94404
Phone: (415) 638-5400
FAX: (415) 638-5402

10 Arbol Grande Court
Menlo Park, CA 94025
Phone: (415) 328-0812
FAX: (415) 328-0813

Mrs. Julianne A. Grace
Vice President, Corporate Relations
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0315
Phone: (203) 761-5400
FAX: (203) 761-5000

54 Louise's Lane
New Canaan, CT 06840
Phone: (203) 966-1789

Dr. Michael W. Hunkapiller
Vice President,
Applied Biosystems Division
The Perkin-Elmer Corporation
Applied Biosystems Division
850 Lincoln Centre Drive
Foster City, CA 94404
Phone: (415) 638-5500
FAX: (415) 638-5402

1333 Pebble Drive
San Carlos, CA 94070
Phone: (415) 592-3580
FAX: (415) 592-2418

OFFICERS

8/16/3/2

Mr. Stephen O. Jaeger
Vice President, Finance
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0302
Phone: (203) 761-5300
FAX: (203) 761-5000

33 Wicks End Lane
Wilton, CT 06897
Phone: (203) 834-7671

Mr. Joseph E. Malandrakis
Vice President, Worldwide Operations
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0046
Phone: (203) 762-4063
FAX: (203) 762-4846

7 Hearthstone Lane
Wilton, CT 06897
Phone: (203) 762-2019

Mr. John B. McBennett
Corporate Controller
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0308
Phone: (203) 761-2600
FAX: (203) 761-5000

Allen Road
Norwalk, CT 06851
Phone: (203) 846-0234

Mr. Michael J. McPartland
Vice President, Human Resources
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0325
Phone: (203) 761-5451
FAX: (203) 761-2899

540 Warner Hill Road
Southport, CT 06940
Phone: (203) 259-6012

Mr. William B. Sawch
Vice President, General Counsel
and Secretary
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0313
Phone: (203) 761-2900
FAX: (203) 761-5000

146 Lyons Plain Road
Weston, CT 06883
Phone: (203) 222-0101

Ms. Rhonda L. Seegal
Vice President and Treasurer
The Perkin-Elmer Corporation
761 Main Avenue
Norwalk, CT 06859-0179
Phone: (203) 762-1550
FAX: (203) 762-1557

40 Birchall Drive
Scarsdale, NY 10583
Phone: (914) 472-0224