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FILED

**May 01 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 816312 (3)
1. Corporation Name
THE PERKIN-ELMER CORPORATION



Principal Place of Business
**29 NORWALK CT 06859-0186
US**

Mailing Address
**761 MAIN AVE
NORWALK CT 06859-0002
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **06859-0186** **30**

3. Date Incorporated or Qualified
08/27/1962

3a. Date of Last Report
05/10/1996

4. FEI Number
06-0490270

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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	WHITE, TONY L	
STREET ADDRESS	761 MAIN AVE.	
CITY-ST-ZIP	NORWALK CT 06859-0318	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRETT, PETER	
STREET ADDRESS	761 MAIN ST.	
CITY-ST-ZIP	NORWALK CT 06859-0304	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	SAWCH WILLIAM B	
STREET ADDRESS	MAIN AVENUE M/S #71	
CITY-ST-ZIP	NORWALK CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BINKLEY, DAVID P	
STREET ADDRESS	761 MAIN AVE.	
CITY-ST-ZIP	NORWALK CT 06859-0304	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAEGER, STEPHEN O.	
STREET ADDRESS	761 MAIN AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE	CC	<input checked="" type="checkbox"/> DELETE
NAME	MCBENNETT JOHN	
STREET ADDRESS	761 MAIN AVENUE	
CITY-ST-ZIP	NORWALK CT	

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 checked="" type="checkbox"/> Addition
4.2 NAME	V.P. JOSEPH MALANDRAKIS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	06859
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 checked="" type="checkbox"/> Addition
6.2 NAME	Ugo D. DeBlasi
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **4/23/97** (203) 762-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)