

Document Number Only

395000000256

95 JUL 18 PM 1:29  
DIVISION OF CORPORATION

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

000001550910  
-08/01/95--01084--002  
\*\*\*\*677.60 \*\*\*\*677.60

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 18 PM 2:42

*Charles River Partners L.P. Limited Partnership*

- ☐ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☐ Foreign

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

- ☒ Limited Partnership  
☐ Reinstatement

- ☐ Annual Report  
☐ Reservation

- ☐ Other  
☐ Change of R.A.  
☐ Fictitious Name  
☐ CUS/ G/S

☐ Certified Copy

☐ Photo Copies

☐ Call When Ready

- ☐ Call if Problem  
☐ Will Wait

- ☐ After 4:30  
☒ Pick Up

- ☐ Walk In  
☐ Mail Out

Name	
Availability	BK
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

3:00  
7-18-95

BK

7/18/95

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

C. TAX \_\_\_\_\_  
FILING \_\_\_\_\_  
AGENT FEE 642.60  
COPY 35.00  
TOTAL 677.60  
BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
TIME \_\_\_\_\_

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Charles River Partners L.P. Limited Partnership  
(Name of limited partnership as it is in the home state;

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware  
(State of Formation)

4. December 1, 1993  
(Date of Formation)

5. CT CORPORATION SYSTEM  
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road  
(Street Address of Registered Office)

Plantation , Florida 33324  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Lisa H. Pastor  
(Officer must sign on this line)

LISA H. PASTOR, ASST. SEC.  
(Type Name and Title of Officer)

8. c/o The Corporation Trust Company, Corporation Trust Center  
1209 Orange Street, Wilmington, Delaware 19801  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Charles River Laboratories, Inc.

SPECIFIC ADDRESS

251 Ballardvale Street  
Wilmington, MA 01887

10. One Chase Square, PO Box 54, Rochester, NY 14601-0054  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

One Chase Square, PO Box 54  
12. Rochester, New York 14601-0054  
(Address of Limited Partnership)

This 10th day of April, 19 95.

Charles River Laboratories, Inc.

General Partner

By: X

Its: Alan H. Resnick

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 10th day of April, 19 95, by Alan H. Resnick of (Name of General Partner) of Charles River Laboratories, Inc., General Partner of

Charles River Partners L.P. Limited Partnership

(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Joseph E. Ryan, Jr.  
Notary Public

State of New York at Large

(SEAL)

My Commission Expires:

JOSEPH E. RYAN, JR.  
Notary Public in the State of New York  
MONROE COUNTY  
Commission Expires Jan. 20, 1998

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
95 JUL 18 PM 2:44

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Charles River Laboratories, a  
general partner of Charles River Partners L.P. Limited, a (an) Partnership  
Delaware, limited partnership, hereinafter referred to as the "Partnership", who  
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,100,010.
2. The anticipated amount of the capital contributions of the limited partners that are allo-  
cated for the purposes of transacting business in Florida is 1.8% or \$91,800.

This 10th day of April, 19 95

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.

General Partner: Charles River Laboratories, Inc.

By: Alan H. Resnick

FILED  
STATE  
SECRETARY  
DIVISION  
JUL 18 1995  
2:42

STATE OF New York  
COUNTY OF Monroe  
DATE 4/10/95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to  
take acknowledgments in and for the State and County set forth above, personally appeared  
Alan H. Resnick (General Partner, known to me and know by me to  
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-  
nowledged to me and before me that he executed this Affidavit as General Partner of said  
partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the  
State and County aforesaid, this 10th day of April,  
19 95.

Seal

Joseph E. Ryan, Jr.  
Notary Public

State of New York at Large  
My Commission Expires:

JOSEPH E. RYAN, JR.  
Notary Public in the State of New York  
MONROE COUNTY  
Commission Expires Jan. 28, 1998

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 DEC 19 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000256**

**CHARLES RIVER PARTNERS L.P. LIMITED PARTNERSHIP**

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable  
**C/O Tax Department**

Suite, Apt. #, etc. **One Bausch & Lomb Place**

City, State & Zip **Rochester, NY 14604-2701**

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **300001674693**  
**-01/02/96-01020-009**

City, State & Zip **\*\*\*\*576.25 \*\*\*\*576.25**

Mailing Address

**PO BOX 44**  
**ROCHESTER NY 14604-0044**

Principal Office Address

**C/O THE CORPORATION TRUST COMPANY**  
**1200 ORANGE STREET**  
**WILMINGTON DE 19801**

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in  
FLORIDA **07/18/1995**

3a. Date of Last Report

4. State or Country of Formation  
**DE**

5a. Capital Contributions as Shown  
on Record: **\$91,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date:

6. FEI Number  
**04-3212362**

Applied For **7. CERTIFICATE OF STATUS REQUIRED**  
Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$32.50 and a maximum of \$437.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

**CHARLES RIVER LABORATORIES,**

**251 BALLARDVALE STREET**

**WILMINGTON MA 01807**

**632440**

**AR. \$437.50**  
**SF. \$138.75**

**12/28/95**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated in this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Alan H. Resnick**

DATE **12/11/95**

Typed or Printed Name of General Partner Signing Form

**Alan H. Resnick**

Telephone Number

**716-338-6000**