

Document Number Only

B950000000257

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

RECEIVED

95 JUL 18 PM 1:59  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
95 JUL 18 PM 2:51

500001542725  
-07/20/95--01084--015  
\*\*\*1785.00 \*\*\*1785.00

*Wilmaris Ltd Partners, L.P. Limited Partnership*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                      |   |   |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> CUS/ G/S           |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Will Wait              | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             |   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

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

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

G. TAX \_\_\_\_\_  
FILING \_\_\_\_\_  
R. AGENT FEE 1750.00  
C. COPY 35.00  
TOTAL 1785.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
FUND \_\_\_\_\_

*7/18/95 3:00  
7-18-95*

*B/C  
7/18/95*

Florida Department of State, Jim Smith, Secretary of State

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

1. Wilmington 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 10, 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 K. Pastor

(Officer must sign on this line)

LISA K. 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 Partners L.P.

Polymer Technology Corporation

Wilmington Management Corp.

SPECIFIC ADDRESS

251 Ballardvale Street  
Wilmington, MA 01887

100 Research Drive  
Wilmington, MA 01887

One Chase Square, Suite 2400  
Rochester, New York 14601-0054

10. c/o Legal Dept., One Chase Square, Suite 2400, Rochester, New York 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.

12. 42 East Avenue, PO Box 743, Rochester, New York 14603-0743  
(Mailing Address of Limited Partnership)

This 10th day of April, 19 95.

X Alan H. Resnick  
General Partner

STATE OF New York

COUNTY OF Monroe

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

Wilmington 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. 30, 199\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 18 PM 2:51

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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

1. The amount of capital contributions of the limited partners is \$ 550,000,025.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is 1.8% or \$9,900,000.

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.

X Alan H. Resnick General Partner

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 18 PM 2:51

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 acknowledged 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. 20, 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 Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 DEC 19 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B9500000257

DO NOT WRITE IN THIS SPACE

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

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

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

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **300061674703**

City, State & Zip **-01/02/96--010-0-010**

**\*\*\*576.25 \*\*\*576.25**

Mailing Address  
P.O. BOX 793  
ROCHESTER NY 14604-0793

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 **07/18/1985**

3a. Date of Last Report

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

5a. Capital Contributions as Shown  
on Record **\$9,900,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number  
**16-1450311**

7. CERTIFICATE OF STATUS REQUIRED  
Applied For ☐ 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 \$52.50 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)  
**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 PARTNERS L.P. POLYMER TECHNOLOGY CORPORATION WILMINGTON MANAGEMENT CORP.	251 BALLADVALE STREET 100 RESEARCH DRIVE ONE CHASE SQUARE, SUITE 100 One Bausch & Lomb Place	WILMINGTON MA 01887 WILMINGTON MA 01887 ROCHESTER NY 14604-2701	B9500000257 F98000003445 F95000003444

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 on 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**  
Telephone Number **716-338-6000**

Typed or Printed Name of General Partner Signing Form **Alan H. Resnick**

CR2003 (6/95)