

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001169

Entity Name: TRANSGENOMIC, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

12325 EMMET STREET
OMAHA, NE 68164

New Principal Place of Business:

Current Mailing Address:

12325 EMMET STREET
OMAHA, NE 68164

New Mailing Address:

FEI Number: 91-1789357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: TUTTLE, CRAIG J
Address: 12325 EMMET STREET
City-St-Zip: OMAHA, NE 68164

Title: CFO () Delete
Name: SCHNEIDER, DEBRA A
Address: 12325 EMMET STREET
City-St-Zip: OMAHA, NE 68164

Title: D () Delete
Name: DUMAN, GREGORY J
Address: 14707 CALIFORNIA STREET, SUITE 5
City-St-Zip: OMAHA, NE 68130

Title: D () Delete
Name: MARKIN, RODNEY S PHD
Address: 983135 NEBR MEDICAL CENTER
City-St-Zip: OMAHA, NE 68198

Title: D () Delete
Name: SKLAR, JEFFREY M MD, PHD
Address: 310 CEDAR STREET
City-St-Zip: NEW HAVEN, CT 06520

Title: D () Delete
Name: SLOMA, GREGORY T
Address: 21220 BONANZA BLVD
City-St-Zip: OMAHA, NE 68022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA A SCHNEIDER

CFO

04/22/2009

Electronic Signature of Signing Officer or Director

Date