

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002642

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: IBA MOLECULAR NORTH AMERICA, INC.

## Current Principal Place of Business:

21000 ATLANTIC BOULEVARD  
DULLES, VA 20166

## New Principal Place of Business:

21000 ATLANTIC BOULEVARD  
SUITE # 730  
DULLES, VA 20166

## Current Mailing Address:

P.O. BOX 1096  
ASHBURN, VA 20146

## New Mailing Address:

FEI Number: 54-1803305      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: D ( ) Delete  
Name: OLIVIER, LEGRAIN CHAIRMA  
Address: 2310 KING PL. NW  
City-St-Zip: WASHINGTON, DC 20007

Title: P ( ) Delete  
Name: RIZVI, ANWER PRESIND  
Address: 16708 IVANDALE RD  
City-St-Zip: HAMILTON, VA 20158

Title: D ( ) Delete  
Name: MOTTET, PIERRE DIRECTO  
Address: 21000 ATLANTIC BLVD. #730  
City-St-Zip: DULLES, VA 20166

Title: D ( ) Delete  
Name: DEFOURT, XAVIER SEC  
Address: 21000 ATLANTIC BLVD. #730  
City-St-Zip: DULLES, VA 20166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: OLIVIER, LEGRAIN CHAIRMA  
Address: 60 RUEDE VAUGIRARD  
City-St-Zip: FRANCE, FR 75006 FR

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: ANWER RIZVI

P

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date