


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90126 012 ***150.00

DOCUMENT # F01000006391

1. Entity Name
BRUKER AXS INC.



Principal Place of Business
5465 EAST CHERYL PARKWAY
MADISON WI 53711

Mailing Address
5465 EAST CHERYL PARKWAY
MADISON WI 53711

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **39-1908020**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARREDONDO, PEDRO
10701 NW 18TH DRIVE
PLANTATION FL 33322

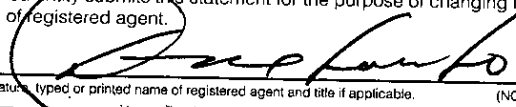
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/28/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASSE, MARTIN PH.D. SILBERSTREIFEN, D-76287 RHEINSTETTEN, GERMANY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, TONY W PH.D. SILBERSTREIFEN, D-76287 RHEINSTETTEN, GERMANY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, RICHARD M 101 FEDERAL STREET BOSTON MA 02110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURKE, JOHN 5465 EAST CHERYL PARKWAY MADISON WI 53711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIES, BRANDON 4600 AMERICAN PARKWAY MADISON WI 53718 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, TAYLOR J 60 HAMPSHIRE STREET CAMBRIDGE MA 02139 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EOT LAURA A. FRANCIS 5465 E. CHERYL PKWY MADISON, WI 53711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 XERXES AVE., #2400 Bloomington, IN 47403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9640 TOWER CENTRE DR. SAN DIEGO, CA 92121

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: **2-12-03** DAYTIME PHONE #: **608-276-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment DOC# FOI 000006391

Additional Officers and Directors-Bruker AXS Inc.

Title VM
Name Lieuwe Boskma
Address Oostsingel 209, PO Box 811
City, ZIP 2600 AV Delft, The Netherlands

^c
LAWKIE, Frank H. PhD.
12 Smith Hill Rd.
LINCOLN, MA 01773

80034772

Title V
Name Roger Durst
Address 5465 East Cheryl Parkway
City, ZIP Madison, WI 53711

Title V
Name Steven Pomerantz
Address 5465 East Cheryl Parkway
City, ZIP Madison, WI 53711

Title D
Name Rolf R. Hofmann
Address Ostliche Rheinbruckenstr. 49
City, ZIP D-76187 Karlsruhe, Germany

Title D
Name Frank Burgazy
Address Ostliche Rheinbruckenstr. 49
City, ZIP D-76187 Karlsruhe, Germany

Title D
Name Bernard Kolodziej
Address Ostliche Rheinbruckenstr. 49
City, ZIP D-76187 Karlsruhe, Germany

Title M
Name Jeremy Lea
Address Mountbatten Way
City, ZIP Congelton, cheshire CW12 1DN, Great Britain

Title D
Name Brandon D. Andries
Address 4600 American Parkway
City, ZIP Madison, WI 53707

Title D
Name Taylor J. Crouch
Address 60 Hampshire St.
City, ZIP Cambridge, MA 02139-1548

Title D
Name Jay T. Flatley
Address 9390 Towne Centre Drive, Ste 200
City, ZIP San Diego, CA 92121-3015

Title D
Name Daniel Dross
Address One Montgomery Street
City, ZIP San Francisco, CA 94104

Title D
Name Richard D. Kniss
Address 1985 Cowper Street
City, ZIP Palo Alto, CA 94301