

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90107 015 ***150.00

0567428 AR

DOCUMENT # F02000001195

1. Entity Name
KENDRO LABORATORY PRODUCTS, INC.



Principal Place of Business
**700 TERRACE POINT DR.
MUSKEGON MI 49443**

Mailing Address
**700 TERRACE POINT DR.
MUSKEGON MI 49443**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**13515 Ballantyne Corporate Place
Charlotte, NC 28277**

**13515 Ballantyne Corporate Place
Charlotte, NC 28277**

Zip

Country

Zip

Country

4. FEI Number **56-2056464**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | POPE, DENNIS | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | CROSS, ARTHUR R | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | KEARNEY, CHRISTOPHER J | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |
| TITLE | TVD | <input type="checkbox"/> Delete |
| NAME | O'LEARY, PATRICK J | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | PLAYTER, JANE E | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | SIAS, CATHERINE L | |
| STREET ADDRESS | 700 TERRACE POINT DR. | |
| CITY-ST-ZIP | MUSKEGON MI 49443 | |

| | | |
|----------------|---|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ron Winowiecki | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |
| TITLE | Assistant Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ronald Giza | |
| STREET ADDRESS | 13515 Ballantyne Corporate Place | |
| CITY-ST-ZIP | Charlotte, NC 28277 | |

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:

RONALD GIZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

231-724-5383

Date

Daytime Phone #

CR2E034 (10/02)