


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004807	
1. Entity Name BRUKER BIOSPIN CORPORATION	

Principal Place of Business 15 FORTUNE DRIVE BILLERICA, MA 01821	Mailing Address 15 FORTUNE DRIVE BILLERICA, MA 01821
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2559285	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retesting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000660945 03/20/07-80020-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LAUKIEN, FRANK 15 FORTUNE DRIVE BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP LAUKIEN, DIRK 19 FORTUNE DRIVE BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, RICHARD 101 FEDERAL ST BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGESS, BARBARA 15 FORTUNE DRIVE BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Burgess Barbara Burgess 978 667-9580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #