

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006644

1. Entity Name
BIOSITE INCORPORATED



Principal Place of Business
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

Mailing Address
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0288606

Applied For
Not Applicable

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

**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

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, 2007 Fee will be \$550.00**

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
CD
BLICKENSTAFF, KIM
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCSO
BUECHLER, KENNETH
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
TWOMEY, CHRISTOPHER
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIBBERD, CHRISTOPHER
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VALKIRS, GUNARS R E
9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121

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:

John Castigas VP FINANCE 3/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN CASTIGAS

858-805-2746
Date Daytime Phone #