

3/21/2019

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12122023573 From: Kimberly Laughrey

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Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
EUROIMMUN US INCORPORATED**

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EUROIMMUN US INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 20-1507364
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 08/18/2004 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty/liability)
7. 1 Bloomfield Ave, Mountain Lakes, NJ 07046
(Principal office address)
- 940 Winter Street, Attn: J. Higgins, Waltham, MA 02451-1457
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Margaret E. Routzahn

(Registered agent's signature)

MARGARET E. ROUTZAHN
Special Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: Hamid R. ErfanianAddress: 1 Bloomfield AveMountain Lakes, NJ 07046Director: Dr. Wolfgang SchlumbergerAddress: 1 Bloomfield AveMountain Lakes, NJ 07046B. OFFICERS *SEE ATTACHMENT*President: Dr. Wolfgang SchlumbergerAddress: 1 Bloomfield AveMountain Lakes, NJ 07046

Vice President: _____

Address: _____
_____Secretary: Hamid R. ErfanianAddress: Bloomfield Ave, Mountain Lakes, NJ 07046Treasurer: Kirsten SchusterAddress: 1 Bloomfield Ave, Mountain Lakes, NJ 07046

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12: _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. John L. Healy, Asst. Secretary

(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Hamid R. Erfanlan
Officer/Director: Officer, Director
Officer's Title: CEO and Secretary
Director's Title: Director
Business Address: 1 Bloomfield Ave
City: Mountain Lakes
State: NJ
ZIP Code: 07046
- 2 Full Name: David C. Francisco
Officer/Director: Officer
Officer's Title: Assistant Treasurer
Director's Title:
Business Address: 940 Winter Street
City: Waltham
State: MA
ZIP Code: 02451
- 3 Full Name: John L. Healy
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 940 Winter Street
City: Waltham
State: MA
ZIP Code: 02451
- 4 Full Name: Dr. Wolfgang Schlumberger
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Director
Business Address: 1 Bloomfield Ave
City: Mountain Lakes
State: NJ
ZIP Code: 07046
- 5 Full Name: Kirsten Schuster
Officer/Director: Officer, Director
Officer's Title: Treasurer
Director's Title: Director
Business Address: 1 Bloomfield Ave
City: Mountain Lakes
State: NJ
ZIP Code: 07046

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

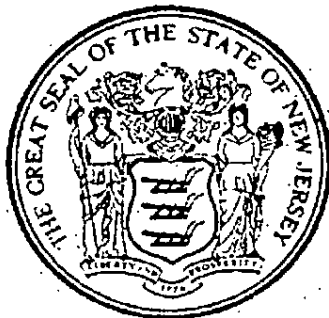
EUROIMMUN US INCORPORATED
0400065926

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 18, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THE CORPORATION TRUST COMPANY
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of March, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6093942396

Verify this certificate online at

https://www1.state.nj.us/TYFR_StandingCertJSP/verify_Cert.jsp

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