

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90047 038 ***150.00

067719 AT

DOCUMENT # F92000000435

1. Entity Name

LEICA MICROSYSTEMS INC.

Principal Place of Business

P.O. BOX 123

BUFFALO NY 14240

Mailing Address

P.O. BOX 123

BUFFALO NY 14240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2701363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PR** ☐ Delete
NAME **WEGENER, HORST**
STREET ADDRESS **35578 WETZLAR**
CITY-ST-ZIP **GERMANY**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **SMITH, HENRY**
STREET ADDRESS **111 DEERLAKE RD**
CITY-ST-ZIP **DEERFIELD FL 60015**

TITLE ☐ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **2345 WAUKEGAN Road**
CITY-ST-ZIP **Bannockburn, IL 60015**

TITLE **AS** ☐ Delete
NAME **MCKNIGHT, GARY K**
STREET ADDRESS **3362 WALDEN AVE**
CITY-ST-ZIP **DEPEW NY 14043**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
NAME **ALIX, ARTHUR J**
STREET ADDRESS **3362 WALDEN AVE**
CITY-ST-ZIP **DEPEW NY 14043**

TITLE **VP** ☐ Change ☒ Addition
NAME **John Burgess**
STREET ADDRESS **3362 WALDEN AVE**
CITY-ST-ZIP **DEPEW, NY 14043**

TITLE **AS** ☐ Delete
NAME **SEKLANY, ALBIN**
STREET ADDRESS **111 DEER LAKE RD**
CITY-ST-ZIP **DEERFIELD IL**

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **2345 WAUKEGAN Road**
CITY-ST-ZIP **Bannockburn, IL 60015**

TITLE **AS** ☐ Delete
NAME **WOOD, MARK E**
STREET ADDRESS **3362 WALDEN AV**
CITY-ST-ZIP **DEPEW NY 14043**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M E Wood Secretary/Treasurer 2-7-02 716 686-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)