## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **F94000003892** Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** WATERS TECHNOLOGIES CORPORATION 03-21-2000 90050 040 \*\*\*150.00 Principal Place of Business Mailing Address 34 MAPLE STREET 34 MAPLE STREET MILFORD MA 01757-3604 MILEORD MA 01757 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEL Number City & State 04-3234558 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change M Addition ✓ TITLE ☐ Delete TITLE Victor Paci CONARD. EDWARD NAME 150 Federal Street STREET ADDRESS % BAIN CAPITAL, INC., 2 COPLEY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boston MA 02110 **BOSTON MA Addition** ☐ Delete TITLE TITLE CarduxII, Philip BEKENSTEIN, JOSHUA NAME NAME clo Lehman Brothers. Inc., 200 Vesey St % BAIN CAPITAL, INC., 2 COPLEY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Naw York, NY 10285 **BOSTON MA** Addition . Pバン・レ Delete -TITLE TITLE BERTHIAUME, DOUGLAS A Miller, William J. NAME NAME STREET ADDRESS clo Avid Technology, I Park West STREET ADDRESS 114 KARA DR CITY-ST-ZIP CITY-ST-ZIP N ANDOVER MA Tewksbury, MA 018076 Change M-Addition ☐ Delete TITLE Glimcher Laurie H TAYMOR, PHILIP S NAME NAME clo Harvard School of Public Health, Usi Huntington Ank STREET ADDRESS STREET ADDRESS 44 LARCHMONT RD CITY-ST-ZIP CITY-ST-ZIP MELROSE MA Breton, MA 02115 ☐ Change Addition . TITI F ☐ Delete TITLE Berenat, Michael J BRUCATO, MICHAEL J NAME NAME clo Bayer Corp, 400 Horgan Lane STREET ADDRESS STREET ADDRESS **50 ARBOR WAY** CITY-ST-ZIP CITY-ST-ZIP EAST GREENWICH RI 02818 West Howen, CT assub ☐ Change ☐ Delete ■ Addition TITLE TITI E SALICE, THOMAS P NAME STREET ADDRESS % AEA INVESTORS, INC., 65 E. 55TH ST. STREET ADDRESS CITY-ST-ZIP **NEW YORK NY**

13. I hereby certify that the information supplied with this filling 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:

HICHARD J BYWCATO, ASST Secretary 3/10/00 500/492-313