


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006417 1. Entity Name DADE BEHRING INC.	
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Principal Place of Business 1717 DEERFIELD RD. P.O. BOX 780 - TAX DIVISION DEERFIELD, IL 60015-0780	Mailing Address 1717 DEERFIELD RD. P.O. BOX 780 - TAX DIVISION DEERFIELD, IL 60015-0780
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3949533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DPCE ANDERSON, JAMES R 1717 DEERFIELD RD. DEERFIELD, IL 600150780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP DUFFEY, JOHN M. 1717 DEERFIELD RD. DEERFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVT MORAN, MARK W 1717 DEERFIELD RD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS PEARSON, LOUISE S 1717 DEERFIELD ROAD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BRIGHTFELT, ROBERT W 1717 DEERFIELD RD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVHR KENNEDY, KATHLEEN B 1717 DEERFIELD ROAD DEERFIELD, IL 60015

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02/01/05-80077-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leanne M. Ono Leanne M. Ono 01/20/05 847-267-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #