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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000341 (5)

1. Corporation Name

MOLECULAR BIOLOGY RESOURCES, INC.

Principal Place of Business

5520 W BURLEIGH ST
MILWAUKEE WI 53210

Mailing Address

5520 W BURLEIGH ST
MILWAUKEE WI 53210-1547

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

39-1476690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME SMYCZEK, PETER
STREET ADDRESS 5520 W BURLEIGH ST
CITY-ST-ZIP MILWAUKEE WI 53210

TITLE V ☐ DELETE

NAME WICKS, JAMES
STREET ADDRESS 5520 W BURLEIGH ST
CITY-ST-ZIP MILWAUKEE WI 53210

TITLE V ☐ DELETE

NAME LABELLE, WAYNE
STREET ADDRESS 5520 W BURLEIGH ST
CITY-ST-ZIP MILWAUKEE WI 53210

TITLE D ☐ DELETE

NAME HANNON, JAMES R
STREET ADDRESS 1301 W 22ND ST #1012 W TOWER
CITY-ST-ZIP OAKBROOK IL 60521

TITLE D ☐ DELETE

NAME HENKLE, ROBERT
STREET ADDRESS 100 N WATER ST #2100
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE D ☐ DELETE

NAME THOMPSON, JOHN A
STREET ADDRESS 2908 WARD KLINE RD
CITY-ST-ZIP MYERSVILLE MD 21773

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DR. John Kopchick
1.3 STREET ADDRESS Konneker Research Lab
1.4 CITY-ST-ZIP OHIO UNIVERSITY
Athens OH 45701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1997 414-871-7199
Date Daytime Phone #

CR2E034 (9/96)