

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**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

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **DPT SMYCZEK, PETER**

STREET ADDRESS **5520 W BURLEIGH ST MILWAUKEE WI 53210**

CITY-ST-ZIP

TITLE  DELETE

NAME **V WICKS, JAMES**

STREET ADDRESS **5520 W BURLEIGH ST MILWAUKEE WI 53210**

CITY-ST-ZIP

TITLE  DELETE

NAME **V LABELLE, WAYNE**

STREET ADDRESS **5520 W BURLEIGH ST MILWAUKEE WI 53210**

CITY-ST-ZIP

TITLE  DELETE

NAME **D HANNON, JAMES R**

STREET ADDRESS **1301 W 22ND ST #1012 W TOWER OAKBROOK IL 60521**

CITY-ST-ZIP

TITLE  DELETE

NAME **D HENKLE, ROBERT**

STREET ADDRESS **100 N WATER ST #2100 MILWAUKEE WI 53202**

CITY-ST-ZIP

TITLE  DELETE

NAME **D THOMPSON, JOHN A**

STREET ADDRESS **2908 WARD KLINE RD MYERSVILLE MD 21773**

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME **D 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (9/96)