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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000000341 (5)

MOLECULAR BIOLOGY RESOURCES, INC.

Principal Place of Business 5520 W BURLEIGH ST

Mailing Address

5520 W BURLEIGH ST

FILED Apr 30 1998 8:00am Secretary of State



MILWAUKEE WI \$3210		MILWAUKEE WI 53210			DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualified		
					01/19/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			39-1476690		ot Applicable
Suite, Apt. #, etc.		Suito, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			9 , 55, 11, 10, 10, 10, 10, 10, 10, 10, 10, 10	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28	T 6-	4	Trust Fund Contribution		to Fees
Zip	Country	Zip		untry	8. This corporation owes or has paid th		tangible No
24	25 Name and Address of Curren	t Registered Agent	30	T	Personal Property Tax due June 30. 10. Name and Address of New Registe		7 140
	RPORATION SERVICE COMPAN'			81 Name	10. Hanne and Address of Noti Hogist	, ou rigoni	
1201 HAYS STREET							
TALLAHASSEE FL 32301-2525				82 Street A	Address (P.O. Box Number is Not Acceptable)		
174	CLAMASSEE FE 32301-2323			83			
	1			84 City		FL 85 Zip	Code
44 Dureuent	to the provisions of Sections 607.050	2 and 607 1508 Florida State	ites the a	hove-named			s registered
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.							
agent la	im familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	tutes.			
SIGNATURE	Signature, typod or printed name of registered agen	et and title if annie able (NC	OH Benislere	nd Ament signature	required when reinstating) De	ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		IS IN 12
TITLE	DPT	DELE TE	1.1 1	ITLE	, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	SMYCZEK, PETER		1.2 N	AME 3MA			
STREET ADDRESS	5520 W BURLEIGH ST		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53210		1.4 0	STY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 T			Change	Addition
NAME	WICKS, JAMES		2.2 N	AME			
STREET ADDRESS	5520 W BURLEIGH ST		238	TREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53210		2.40	CITY-ST-7IP	·	. .	
TITLE	V	☐ DELETE	31 TITLE			☐ Change	Addition
NAME	LABELLE, WAYNE		3 2 N	IAME			
STREET ADDRESS	5520 W BURLEIGH ST		338	TREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53210		34.0	CITY-ST-ZIP			
TITLE	D	DELETE	41T	ITLE		Change	Addition
NAME	HANNON, JAMES R		4 2 1	NAME			
STREET ADDRESS	1301 W 22ND ST #1012 W T	OWER	4.3 S	TREET ADDRESS			
CITY-ST-ZIP	OAKBROOK IL 60521		4.40	ITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 T	ITLE		Change	☐ Addition
NAME	HENKLE, ROBERT		5.2 N	IAME			
STREET ADDRESS	100 N WATER ST #2100	•	5.3 \$	treet address			
CITY-ST-ZIP	MILWAUKEE WI 53202		5.4 0	CITY - ST - ZIP			
TITLE	D	☐ DELETE	6.1 T	ITLE		☐ Change	☐ Addition
NAME	THOMPSON, JOHN A		6.2 N	IAME			
STREET ADDRESS	2908 WARD KLINE RD		6.3 \$	Treet address			
CITY-ST-ZIP	MYERSVILLE MD 21773			ITY-ST-ZIP			
14. 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 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 truffee 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.							