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**Feb 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000005541 (5)

1. Corporation Name
PERSEPTIVE BIOSYSTEMS, INC.



Principal Place of Business
**500 OLD CONNECTICUT PATH
FRAMINGTON MA 01701-4569**

Mailing Address
**500 OLD CONNECTICUT PATH
FRAMINGTON MA 01701-4574**

3. Date Incorporated or Qualified
10/24/1996

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number
04-2987616

Applied For
 Not Applicable

22
City & State
FRAMINGHAM, MA.

27
City & State
FRAMINGHAM, MA.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23
Zip Country

28
Zip Country

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24
g. Name and Address of Current Registered Agent

29
30
10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	AFEYAN, NOUBAR B PHD	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN F	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WANG, DANIEL I C PHD	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANIA, EDWIN M JR	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POUNDS, WILLIAM F PHD	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANACONE, ROBERT B	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY - ST - ZIP	FRAMINGTON MA 01701-4569	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D RYAN, BRUCE J.
6.3 STREET ADDRESS	500 OLD CONNECTICUT PATH
6.4 CITY - ST - ZIP	FRAMINGHAM, MA 01701-4569

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: *Thomas B. Ruase*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **THOMAS B. RUASE** DATE **1-28-97** DAYTIME PHONE # **508-383-7700**

CFR2E034 (9/96)



PerSeptive Biosystems

PerSeptive Biosystems, Inc.
500 Old Connecticut Path
Framingham, MA 01701

Telephone 508-383-7700
Fax 508-383-7880

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Date of Office</u>
Noubar B. Afeyan, Ph.D.	500 Old Connecticut Path Framingham, MA 01701	Nov. 1987
Daniel I.C. Wang, Ph.D.	500 Old Connecticut Path Framingham, MA 01701	May 1989
John F. Smith	500 Old Connecticut Path Framingham, MA 01701	Jan. 1994
Edwin M. Kania, Jr.	500 Old Connecticut Path Framingham, MA 01701	Aug. 1991
William F. Pounds, Ph.D.	500 Old Connecticut Path Framingham, MA 01701	Jun. 1993
Bruce J. Ryan	500 Old Connecticut Path Framingham, MA 01701	Nov. 1996

EXECUTIVE OFFICERS

<u>Name</u>	<u>Title</u>	<u>Social Security #</u>	<u>Address</u>	<u>Date of Office</u>
Noubar B. Afeyan	CEO	027-68-3534	500 Old Connecticut Path Framingham, MA 01701	Jun. 1992
John F. Smith	Pres.	021-26-7439	500 Old Connecticut Path Framingham, MA 01701	Jul. 1996
Thomas G. Ruane	Sr.VP Trea.	017-32-7392	500 Old Connecticut Path Framingham, MA 01701	Aug. 1995
Samuel P. Hunt III	VP Secy.	047-34-0658	500 Old Connecticut Path Framingham, MA 01701	May 1996