## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9700006114 Apr 21, 2000 8:00 am Secretary of State GEN-PROBE SALES & SERVICE, INC. 04-21-2000 90006 048 \*\*\*150.00 Principal Place of Business Mailing Address 10210 GENETIC CENTER DR. 10210 GENETIC CENTER DR. SAN DIEGO CA 92121 SAN DIEGO CA 92121-4362 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33-0767987 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President Director ☐ Addition ☐ Defete TITLE TITLE NAME NORDHOFF, HENRY L NAME STREET ADDRESS STREET ADDRESS 10210 GENETIC CENTER DR. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Addition TITLE ☐ Change Delete TITLE HUEBNER, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 10210 GENETIC CENTER DR. CITY-ST-7IP CITY-ST-ZIP SAN-DIEGO-CA 92121 TITLE Change ☐ Addition DTAS Delete TITLE NAME KRAMER, DAVID W NAME STREET ADDRESS STREET ADDRESS 10210 GENETIC CENTER DR. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Change ☐ Addition ☐ Delete TITLE BOWEN, R. WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 10210 GENETIC CENTER DR. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Change ☐ Addition ☐ Delete TITLE VEDOVA, ROBIN NAME STREET ADDRESS STREET ADDRESS 10210 GENETIC CENTER DR. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: