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FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006727 (8)

1. Corporation Name

NEOGEN CORPORATION

Principal Place of Business

620 LESHER PLACE
LANSING MI 48912

Mailing Address

620 LESHER PLACE
LANSING MI 48912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

38-2367843

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	DOAN, HERBERT D	
STREET ADDRESS	1018 W. MAIN ST	
CITY-ST-ZIP	MIDLAND MI 48640	

TITLE	PCEO	☐ DELETE
NAME	HERBERT, JAMES L	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	

TITLE	VTD	☐ DELETE
NAME	BOHANNON, LON M	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	

TITLE	CFO	☐ DELETE
NAME	BOHANNON, LON M	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	

TITLE	D	☐ DELETE
NAME	PAPESH, G. BRUCE	
STREET ADDRESS	501 S. CAPITAL AVE, SUITE 111	
CITY-ST-ZIP	LANSING MI 48933-2331	

TITLE	D	☐ DELETE
NAME	BOOK, ROBERT M	
STREET ADDRESS	12550 SPRINGMILL RD	
CITY-ST-ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 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 *Lon M. Bohannon - CFO*

3/18/98

CR2E034 (10/97)