

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006727

1. Entity Name

NEOGEN CORPORATION

Principal Place of Business

620 LESHER PLACE  
LANSING MI 48912

Mailing Address

620 LESHER PLACE  
LANSING MI 48912-1509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2367843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	DOAN, HERBERT D	
STREET ADDRESS	1018 W. MAIN ST	
CITY-ST-ZIP	MIDLAND MI 48640	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HERBERT, JAMES L	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BOHANNON, LON M	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BOHANNON, LON M	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPESH, G. BRUCE	
STREET ADDRESS	501 S. CAPITAL AVE, SUITE 111	
CITY-ST-ZIP	LANSING MI 48933-2331	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOK, ROBERT M	
STREET ADDRESS	12550 SPRINGMILL RD	
CITY-ST-ZIP	CARMEL IN 46032	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN, PRESIDENT, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD R. CURRY	
STREET ADDRESS	620 LESHER PLACE	
CITY-ST-ZIP	LANSING MI 48912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90018 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (3/99)

30/00 17-372-9200