

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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, 2001 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 D ☐ Delete
NAME DOAN, HERBERT D
STREET ADDRESS 1018 W. MAIN ST
CITY-ST-ZIP MIDLAND MI 48640

TITLE CPCE ☐ 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 CPCF ☐ Delete
NAME CURRENT, RICHARD R
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

TITLE Dr. Gordon Guyer Director ☐ Change ☒ Addition
NAME 862 Whitman Dr.
STREET ADDRESS East Lansing MI 48823
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Leonard E. Heller
STREET ADDRESS 3408 Lyon Dr.
CITY-ST-ZIP Lexington KY 40513

TITLE Director ☐ Change ☒ Addition
NAME Jack Farnell
STREET ADDRESS 15911 Brooks Rd
CITY-ST-ZIP Grass Valley CA 95945

TITLE Director, Secretary ☐ Change ☒ Addition
NAME Thomas H. Reed
STREET ADDRESS 404 W. Spring Meadows Lane
CITY-ST-ZIP Dewitt MI 48820

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90024 013 ***150.00

051788



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4/11/01 517-372-9200