

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90008 039 ***150.00

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**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAN, HERBERT D 1018 W. MAIN ST MIDLAND, MI 48640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE HERBERT, JAMES L 620 LESHER PLACE LANSING, MI 48912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOHANNON, LON M 620 LESHER PLACE LANSING, MI 48912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCF CURRENT, RICHARD R 620 LESHER PLACE LANSING, MI 48912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPESE, G. BRUCE 501 S. CAPITAL AVE, SUITE 111 LANSING, MI 489332331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOK, ROBERT M 12550 SPRINGMILL RD CARMEL, IN 46032

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

[Handwritten Signature: Robert R. Current] *[Date: 1/6/04]* *[Text: 17-372-5200]*

Date

Daytime Phone #