


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006727</b> 1. Entity Name <b>NEOGEN CORPORATION</b>	
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Principal Place of Business <b>620 LESHER PLACE LANSING, MI 48912</b>	Mailing Address <b>620 LESHER PLACE LANSING, MI 48912</b>
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-2367843</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

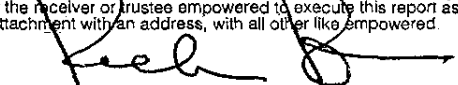
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOAN, HERBERT D 1018 W. MAIN ST MIDLAND, MI 48640</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPCE HERBERT, JAMES L 620 LESHER PLACE LANSING, MI 48912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BOHANNON, LON M 620 LESHER PLACE LANSING, MI 48912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPCF CURRENT, RICHARD R 620 LESHER PLACE LANSING, MI 48912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAPESE, G. BRUCE 501 S. CAPITAL AVE, SUITE 111 LANSING, MI 48932331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOOK, ROBERT M 12550 SPRINGMILL RD CARMEL, IN 46032</b>

000000362202  
05/05/05-80107-013 150.00

**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)(f), 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 all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 - 517-372-9200  
Date Daytime Phone #