

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-20-2006 90206 042 ***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**

66016428



01092006 No Chg-P CR2E034 (11/05)

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 remaking)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOAN, HERBERT D
STREET ADDRESS	1018 W. MAIN ST
CITY-ST-ZIP	MIDLAND, MI 48640
TITLE	CPCE
NAME	HERBERT, JAMES L
STREET ADDRESS	620 LESHER PLACE
CITY-ST-ZIP	LANSING, MI 48912
TITLE	VTD
NAME	BOHANNON, LON M
STREET ADDRESS	620 LESHER PLACE
CITY-ST-ZIP	LANSING, MI 48912
TITLE	CPCF
NAME	CURRENT, RICHARD R
STREET ADDRESS	620 LESHER PLACE
CITY-ST-ZIP	LANSING, MI 48912
TITLE	D
NAME	PAPESH, G. BRUCE
STREET ADDRESS	501 S. CAPITAL AVE, SUITE 111
CITY-ST-ZIP	LANSING, MI 489332331
TITLE	D
NAME	BOOK, ROBERT M
STREET ADDRESS	12550 SPRINGMILL RD
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

5/18/06 517-372-9100