DOCUMENT # 1. Entity Name	F97000006747
ARROTT LABORATOR	DIES INC

Principal Place of Business 100 ABBOTT PARK ROAD

2. Principal Place of Business The Com

Fry Gase

Mailing Address

3. Mailing Address

ABBOTT PARK IL 60064-3500

100 ABBOTT PARK ROAD TAX DIVISION, D367/AP6D ABBOTT PA 60064-3500

Suite, Apt. #, etc. City & State

Zip

SIGNATURE

Suite, Apt. #, etc. Tax Division, D367/AP6D

100 Abbott Park Road

City & State Abbott Park, IL

60064=6057

4. FEI Number

36-4184946

5. Certificate of Status Desired 

DO NOT WRITE IN THIS SPACE

\$8.75 Additional . Fee Required. \_ 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

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

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

Country

Ν	ame

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

(NOTE: Registered Agent signature required when reinstating)

Zip Code

DATE

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

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10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. [X] Addition Change С (X) Delete TITLE TITLE NAME NAMÉ PARKINSON, ROBERT L White, Miles D. STREET ADDRESS STREET ADDRESS 100 ABBOTT PARK ROAD 100 Abbott Park Road CITY-ST-ZIP CITY-ST-ZIP ABBOTT PARK IL 60064-3500 <u> Abbott Park. IL 60064</u> ☐ Addition Change TITLE TITLE ☐ Delete NAME DE LASA, JOSE M NAME STREET ADDRESS STREET ADDRESS 100 ABBOTT PARK ROAD CITY-ST-ZIP CITY-ST-ZIP ABBOTT PARK IL 60064-3500 X Change [ ] Addition Delete TITLE TITLE NAME NAME Freyman, Thomas C. FREYMAN, THOMAS C STREET ADDRESS 100 ABBOTT PARK RD STREET ADDRESS 100 Abbott Park Road CITY-ST-ZIP CITY-ST-ZIP <u>Abbott Park, IL 60064</u> ABBOTT PARK IL 60064 ☐ Addition Change Oelete TITLE TITLE NAME LUSSEN, JOHN F NAME STREET ADDRESS STREET ADDRESS 100 ABBOTT PARK RD CITY-ST-ZIP CITY-ST-ZIP <u>ABBOTT PARK IL 60064</u> ☐ Change X Addition TITLE ☐ Delete TITLE NAME NAME Linder, Greg W. STREET ADDRESS STREET ADDRESS 100 Abbott Park Road Abbott Park, IL 600 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS 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:

John F. Lussen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847/938-8704

3R2E034 (10/00)