SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F98000001011

BRUKER AXS, INC.

Principal Place of Business
6300 ENTERPRISE LANE
MADISON WI 53719-1173

SIGNATURE:

Mailing Address

6300 ENTERPRISE LANE MADISON WI 53719-1173

COMMULE REQUIRED

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90005 050 ***150.00

600077°- 90005 - 50	′	•

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1998

1/26/19

608-276-3030

2. Principal Place of Business				2a. Mailing Address				4. FEI Number	^_	applied For	4
21				26				39-1908020	ot Applicable	_	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Additional			
22	,		27					5. Certificate of Status Desired	Fee F	Required	
Cit	y & State		1	City & State				6. Election Campaign Financing\$	5.00	. May Be	.]
23	ب اسپداتات					Trust Fund Contribution Added to Fees					
Zic		Country	28	Zip	Cou	ntry		8. This corporation owes the current year			7
24		25	29	•	30	-		Intangible Personal Property. Yes	, [No	
-=-L	9. Nam	e and Address of Current		stered Agent	1331			10. Name and Address of New Registered Agent	t]
81 Name										Ì	
\	KRUS, TED										
	1251 MEADO	w brook RD NE				82 Street Address (P.O. Box Number is Not Acceptable)					
	PALM BAY FI	32905				83					1
1						•					
						84	City	FL 85	Zip	Code	
11 1	Burguant to the prov	isions of sections 607 0502	and 60	07 1508 Florida Statute	s the ab	ove-r	named corr	poration submits this statement for the purpose of changin	g its	registered	1
1 (office or registered a	ident, or both, in the State (of Flori	ida. Such change was a	authorized	ı by ı	ne corpora	ation's board of directors. I hereby accept the appointmen	ťasr	egistered	
4	agent. I am familiar	with, and accept the obliga-	tions o	of, section 607.0505, Fig	orida Stat	utes.					-
SIGN	ATURE		4 8 8 5	ii aliaabla (Ali	OTE: Desinte	and An	ant alcoature r	required when reinstating) DATE	—		_ ا
12.	Signature, type	d or printed name of registered agent OFFICERS AND			13.	ieu my	ant signature i	ADDITIONS/CHANGES TO OFFICERS AND DIE	RECT	ORS IN 12	(7/00/4
TITLE		OF TOERO / WIL	<i>- - - - - - - - - -</i>	DELETE	1,1 717	LΕ			hange		76
NAME	LAAGE	MARTIN		C OCCESC	1.2 N	MF		· .(· /			D2E034
		NTERPRISE LANE				_	UDDRESS	Haase, Martin			6
1			- · · · -								6
CITY-ST	-ZIP MADIS	ON WI 53719-1173			_	TY-ST-7		<u> </u>		Addition	۲ د
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			DELETE	2.1 TIT				hange	. X Addition	
NAME	1	MARK R			2.2 NA			Tony Keller, Tony W. PhD Silberstreifen, D-76278 Rheinstetten, Germany			
STREET	, ,,,,,	ZTEC TRAIL			2.3 ST	REET /	NODRESS S	silberstreiten, D-76278			
-CITY-ST	ZIP MADISC	ON-WI-53 <u>7-11</u>				Y-ST-	ZIPK	(heinstetten, bermany			-
TITLE) S	•		☐ DELETE	3.1 TT	ſLΕ		<u> </u>	hange	Addition	1
NAME	STEIN,	RICHARD 1			3.2 NA	ME					1
STREET	ADDRESS 101 FE	Deral St			3.3 ST	REET A	NOORESS				
CITY-ST	-ZIP BOSTO	N MA 02110			3.4 Cf	ry-st-	ZIP				_
TITLE	T			DELETE	4.1 TF	LE	_ []	\mathcal{D} , \square \square \square	hange	Addition	
NAME	CARNE	y, robert c		•	4.2 NA	ME	1	Kehr, Albrecht			
STREET		IMARRON TRAIL			4.3 ST	REET /	ODRESS S	Silberstreiten D= 76287			
CITY-ST		ON WI 53719			4.4 C)	TY-ST-	ZIP	Kehr, Albrecht Bilberstreifen D. 76287 Rheinstetlen, Germany			_
TITLE	V			DELETE	5.1 TI	ΓLE			hange	Addition	
NAME	WILKIN	S. KLINE M			5.2 NA	ME	1	_	•		
STREET	I	SLOW ROAD			5.3 ST	REET A	ODRESS				ĺ
CITY-ST	ZIP NEWTO	N MA 02168		5.4 Cl			ŽIP				
TITLE	CEO			DELETE				CO/C XC	hange	Addition	1
NAME	, , , , ,	n. Frank H PHD			6.2 NA	ME	Ĭ,	CEO/C aukien, Frank H., PhD	•		
STREFT		TH HILL ROAD			6.3 ST	REET A	ADDRESS -	Second teleta and the teletation			
CITY-ST	1 111001	N MA 01773				TY-ST-	1				-
14 11	hereby certify that th	e information supplied with	this fili	ng does not qualify for t	he exemi	otion	stated in s	section 119.07(3)(i), Florida Statutes. I further certify that the	e info	ormation	7
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.											

E98000001011

Bruker AXS, Inc.

Memo

To: Florida Department of State

From: Lisa M. Rogers

CC: File

Date: 07/23/99

Re: Profit Corporation Annual Report

Awi MRogus

Bruker AXS, Inc. is submitting a check for \$150.00 to pay for the Corporation Annual Report and Corporation fee. We are not paying the \$400.00 late fee due to the fact that the report was not received by us before this submission.

Regards,

Lisa M. Rogers

Bruker AXS, Inc.

Controller