

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001011

1. Entity Name

BRUKER AXS, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90019 028 ***150.00

Principal Place of Business

Mailing Address

6300 ENTERPRISE LANE
MADISON WI 53719-1173

6300 ENTERPRISE LANE
MADISON WI 53711-5373

2. Principal Place of Business

3. Mailing Address

5465 East Cheryl Parkway
Suite, Apt. #, etc.

5465 East Cheryl Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Madison, WI

City & State
Madison, WI

4. FEI Number 39-1908020

Applied For
Not Applicable

Zip 53711-5373

Country USA

Zip 53711-5373

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUS, TED
1251 MEADOW BROOK RD NE
PALM BAY FL 32905

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOASE, MARTIN
STREET ADDRESS 6300 ENTERPRISE LANE
CITY-ST-ZIP MADISON WI 53719-1173

TITLE
NAME
STREET ADDRESS 5465 East Cheryl Parkway
CITY-ST-ZIP Madison, WI 53711-5373

TITLE D
NAME KELLER, TONY W PHD
STREET ADDRESS SILBERSTREIFEN, D-76278
CITY-ST-ZIP RHEINSTETTEN, GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME STEIN, RICHARD 1
STREET ADDRESS 101 FEDERAL ST
CITY-ST-ZIP BOSTON MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KEHR, ALBRECHT
STREET ADDRESS SILBERSTREIFEN, D-76287
CITY-ST-ZIP RHEINSTETTEN, GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME WILKINS, KLINE M
STREET ADDRESS 87 WINSLOW ROAD
CITY-ST-ZIP NEWTON MA 02168

TITLE
NAME
STREET ADDRESS 4637 Tonyawatha Trail
CITY-ST-ZIP Monona, WI 53714

TITLE CEOC
NAME LAUKIEN, FRANK H PHD
STREET ADDRESS 12 SMITH HILL ROAD
CITY-ST-ZIP LINCOLN MA 01773

TITLE
NAME
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: Kline M Wilkins KLINE M WILKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

608-276-3030

Daytime Phone #

CR2E034 (9/99)