

# F99000001699

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Streck Laboratories, Inc.,  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to  
transact business in Florida.

Please return all correspondence concerning this matter to the following:

500002798935--4  
-03/09/99--01033--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Bob Stonacek

(Name of Person)

W99-5695

Streck Laboratories

(Firm/Company)

500002798935--4  
-03/31/99--01035--002  
\*\*\*3465.00 \*\*\*3465.00

14124 Industrial Rd.

(Address)

Omaha, NE 68144

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Bob Stonacek

(Name of Person)

at (402) 691-7412

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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3/31



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 9, 1999

BOB STONACEK  
STRECK LABORATORIES  
14124 INDUSTRIAL RD.  
OMAHA, NE 68144

SUBJECT: STRECK LABORATORIES INC.  
Ref. Number: W99000005695

We have received your document for STRECK LABORATORIES INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$3465.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 399A00011023

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

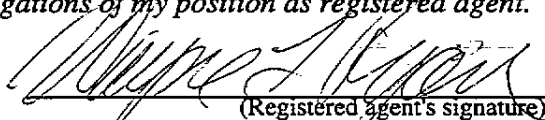
**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. Struck Laboratories Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nebraska 3. 47-0536601  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1971 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 7/29/96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 14124 Industrial Rd  
Omaha NE 68144  
(Current mailing address)
8. Sales and Services of Medical Products  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Dr Wayne Ryan  
Office Address: 930 Cape Marco Dr Unit 706  
Marco Island, Florida, 33937  
(Zip Code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: See Attached List

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Connie Ryan

Address: 14306 Industrial Rd  
Omaha, NE 68144

CEO & Chairman  
Vice President: Dr. Wayne Ryan

Address: 14306 Industrial Rd  
Omaha, NE 68144


Secretary: Jeanne Buland

Address: 14306 Industrial Rd  
Omaha, NE 68144

Treasurer: Bob Stonacek

Address: 14124 Industrial Rd  
Omaha, NE 68144

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bob Stonacek  
(Typed or printed name and capacity of person signing application)

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**STRECK LABORATORIES, INC.**

**BOARD OF DIRECTORS**

**February 10, 1999**

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C. Mickey Skinner  
Home:  
685 Woodthrush Way  
Hummelstown, PA 17036

Naples:  
6975 Green Tree Drive  
Naples, FL 34108

Dr. James McClurg  
President and CEO  
MDS Harris  
624 Peach Street  
P. O. Box 80837  
Lincoln, NE 68502

Robert Krohn/Chairman & CEO  
PSI Group  
10011 J Street  
Omaha, NE 68127  
Home: 1427 S. 85th Ave.  
Omaha, NE 68124

Dr. Wayne Ryan  
Chairman of the Board/CEO  
Streck Laboratories, Inc.  
14306 Industrial Road  
Omaha, NE 68144

Mike McCarthy  
McCarthy & Co.  
1125 S. 103rd Street  
Omaha, NE 68124

James Wisecarver, M.D., Ph.D.  
Asst. Professor, Pathology/Microbiology  
UNMC  
600 S. 42nd Street  
Omaha, NE 68198-3135

Connie Ryan  
President  
Streck Laboratories, Inc.  
14306 Industrial Road  
Omaha, NE 68144

Michael Sorrell, M.D.  
Professor Department of Medicine  
University of NE Medical Center  
600 South 42nd Street  
Omaha, NE 68198-3332

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STATE OF

NEBRASKA

United States of America,  
State of Nebraska

} ss.



Department of State  
Lincoln, Nebraska

I, Scott Moore, Secretary of State of Nebraska do hereby certify;

**STRECK LABORATORIES, INC.**

was duly incorporated under the laws of this state on August 6, 1971 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on March 18, in the year of our Lord, one thousand nine hundred and ninety-nine.

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*Scott Moore*

SECRETARY OF STATE