## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State



DOCUMENT # J62641  1. Entity Name CLARIANT LIFE SCIENCE MOLECULES (FLORIDA) INC.						02-15-200:	5 900 <b>1</b> 9 0	49 ***1	50.00	
Principal Place	e of Business	Mailing Address	<del>, , ,</del>			400100	0.0.0			
4044 NE 54TH AVE GAINESVILLE, FL 32609 US		POST OFFICE BOX 18628 ATTN: ACCOUNTS PAYABLE CHARLOTTE, NC 28205 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005 C	hg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Number 59-2806216				Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired		Fee	\$8.75 Additional Fee Required		
•	6. Name and Address of Current I	Registered Agent	Name		7. Name and Addre	ss of New Re	gistered Age	nt		
CT CORPO	ORATION SYSTEM		Name							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. 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 reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.	- 1	ADDITIONS/CHAN	IGES TO OFFIC		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOWLERS, WALTER B 4000 MONROE RD CHARLOTTE, NC 28205	☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	3	ilkes, Walt	er B.	2	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDER, KEN 4000 MONROE RD CHARLOTTE, NC 28205	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Crai 925 Jack	lident la Stafford 10 Baymeadou ksonville, FL	. <i>384</i> 7	Svite 2 56	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIER, HEINER 4000 MONROE RD CHARLOTTE, NC 28205	<b>⊠</b> Delete	TITLE NAME STREET ADDRES CITY - S1 - ZIP	ما د: کما	stant Secre R. Crowder o Monroe Ro rlotte, NC o	_		) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNARD, CHRIS 4000 MONROE RD CHARLOTTE, NC 28205	C Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	S				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					] Change	☐ Addition	
l indicated	certify that the information supplied with on this report or supplemental report is	s true and accurate and that m	y signature sha	I have the	same legal effect as if	made under o	ath; that I am	an officer	or director	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Con anal	C.S. Bainard	2-8-05	
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #