## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM Secretary of State

	ANITOAL	KEFOKI		Juli 10, 2000 00:00 1
1. Entity Nam	MENT # M00000000000000000000000000000000000	251		Secretary of State
Principal Place of Business         Mailing Address           1316 18TH STREET         1316 18TH STREET           TWO RIVERS, WI 54241         TWO RIVERS, WI 54241				
DO NOT WRITE IN THIS SPACE				CR2E083 (10/03)      FEI Number
	6. Name and Address of Current Re	gistered Agent		·-
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE
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. lyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2005				U00000182356 01/19/05-20024-011-50-00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGR FISHER SCIENTIFIC INTERNATIO LIBERTY LANE HAMPTON, NH 03842	-	-	DO NOT WRITE IN THIS SPACE
11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature the same legal effect as it made under outh; that I am a managing member or manager of the limited liability company or trustees emproyered to execute this report as required by Chapter 608. Florida Statutes.				

SIGNATURE: Wendy 1. Lest ASST Corp Secretary
SIGNATURE AND TYPED OR PRINTEGNAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

WENDY J. LEIST