

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90038 023 \*\*\*138.75

60029804



04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number **90-0128163** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

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. 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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **DADE BEHRING INC.**  
STREET ADDRESS **1717 DEERFIELD ROAD**  
CITY-ST-ZIP **DEERFIELD, IL 60015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **SIEMENS HEALTHCARE DIAGNOSTICS INC.**  
STREET ADDRESS **1717 DEERFIELD ROAD**  
CITY-ST-ZIP **DEERFIELD, IL 60015**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Stephen Purtell*

Stephen Purtell

4/21/2008

847-267-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DADE BEHRING FINANCE CO. LLC  
OFFICERS AND MANAGERS  
Page 1 of 1

ATTACHMENT

60029804

#170500000580

F.E.I.N: 90-0128163  
Formation: 10/30/03

<u>OFFICER/MANAGER</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Joseph M. Busky	Manager & President	1717 Deerfield Road Deerfield, IL 60015
John M. Duffey	Manager	1717 Deerfield Road Deerfield, IL 60015
Steve Purtell	Manager & Treasurer	1717 Deerfield Road Deerfield, IL 60015
Lance C. Balk	Vice President	1717 Deerfield Road Deerfield, IL 60015
Louise S. Pearson	Secretary	1717 Deerfield Road Deerfield, IL 60015