2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2004 08:00 AM

| 1. Entity Nam NEOGEN Principal Plac 3828 NW 12 | TECHNOLOGIES, INC. De of Business M AND AVE 3 | iailing Address 3828 NW 126 AVE CORAL SPRINGS, FL 33065 | | Secretary of State |
|---|---|---|----------------------------------|--|
| | | | Company of the second | |
| | O NOT WRITE II | N THIS SDA | CE | 03162004 No Chg-P CR2E034 (10/03) |
| bo nor winte in this state | | | /L ./// | 4. FEI Number Applied For 01-0606680 Not Applicable |
| - | ・ ときましたという。 el substitut con al deservice embegrar教文 | we allowed the first of the second | the transfer the second of the | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | in the common section of section | |
| ROLF, ROGER 53553 NW 35 AVE FT LAUDERDALE, FL 33309 | | | | DO NOT WRITE IN THIS SPACE |
| 5. 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 it applicable (NOTE Registured Agent algrenure required when reinstalling) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Ma After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fe | | | | 00 May Be ed to Fees |
| 10. | ÖFFICERS AND DIREC | CTORS | | |
| title Name Street address City-St-Zip | PD DANIELS, ABBEY 1818 NW 126 WAY CORAL SPRINGS, FL 33071 | | | The second of th |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BIGGIE, JOHN 3041 NE 48 STREET LIGHTHOUSE PT, FL 33064 | | | 000000091409 03/18/04-80005-019 150.00 |
| title name street address city-st-zip | VD BIGGIE, LYDIA 3041 NE 48 STREET LIGHTHOUSEPT, FL 33064 | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PLOTKIN, JACUETTA 81284 104 TERR SOUTH BOCA RATON, 33 33498 | | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP | VD DAWSON, JOHN BOX 189 644 SHREWSBURY COMM PLANTATION, FL 17361 | ON AVE | | |
| TITLE NAME STREET ADDRESS CITY-ST-BP | STD ROLF, ROGER 1741 NW 95 AVE PLANTATION, FL 33322 | | | |

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-739-4972