

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000055095

1. Entity Name
NEOGEN TECHNOLOGIES, INC.



Principal Place of Business
**4200 NW 120 AVENUE
CORAL SPRINGS, FL 33065**

Mailing Address
**4200 NW 120 AVENUE
CORAL SPRINGS, FL 33065**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0606680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROLF, ROGER
4200 NW 120 AVENUE
CORAL SPRINGS, FL 33065**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANIELS, ABBEY
STREET ADDRESS	1818 NW 126 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD
NAME	BIGGIE, JOHN
STREET ADDRESS	3041 NE 48 STREET
CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064
TITLE	VD
NAME	BIGGIE, LYDIA
STREET ADDRESS	3041 NE 48 STREET
CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064
TITLE	VD
NAME	PLOTKIN, JACUETTA
STREET ADDRESS	18284 104 TERR SOUTH
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VD
NAME	DAWSON, JOHN
STREET ADDRESS	BOX 189 644 SHREWSBURY COMMON AVE
CITY-ST-ZIP	SHREWSBURY, PA 17361
TITLE	STD
NAME	ROLF, ROGER
STREET ADDRESS	1741 NW 95 AVE
CITY-ST-ZIP	PLANTATION, FL 33322

U00000738545
01/18/08-80045-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Roger Rolf
ROGER ROLF

1-15-08

954-340-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #