

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06248 (9)			
1. Corporation Name FISHER SCIENTIFIC COMPANY			
Principal Place of Business 2000 PARK LANE PITTSBURGH, PA 15275		Mailing Address 2000 PARK LANE PITTSBURGH, PA. 15275	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 5/30/85		3a. Date of Last Report 5/1/97	
4. FEI Number 22-2451761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE VPAS NAME SCHNEID, JOSEPH D <input checked="" type="checkbox"/> DELETE STREET ADDRESS LIBERTY LANE CITY - ST - ZIP HAMPTON NH 03842		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WILLIAM BAUGH 1.3 STREET ADDRESS 2000 PARK LANE 1.4 CITY - ST - ZIP PITTSBURGH, PA. 15275	
TITLE AS NAME LEE, CHRISTIAN <input checked="" type="checkbox"/> DELETE STREET ADDRESS LIBERTY LANE CITY - ST - ZIP HAMPTON NH 03842		2.1 TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME ALLISON G. RUEBRINO 2.3 STREET ADDRESS LIBERTY LANE 2.4 CITY - ST - ZIP HAMPTON NH 03842	
TITLE P NAME QUINN, MICHAEL J <input checked="" type="checkbox"/> DELETE STREET ADDRESS 2000 PARK LANE CITY - ST - ZIP PITTSBURGH, PA. 15275		3.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PAUL F. PATEK 3.3 STREET ADDRESS 2000 PARK LANE 3.4 CITY - ST - ZIP PITTSBURGH, PA. 15275	
TITLE RVT NAME MEISTER, PAUL <input type="checkbox"/> DELETE STREET ADDRESS LIBERTY LANE CITY - ST - ZIP HAMPTON NH 03842		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE ASAT NAME MICHAUD, MICHAEL K. <input type="checkbox"/> DELETE STREET ADDRESS 2000 PARK LANE CITY - ST - ZIP PITTSBURGH, PA. 15275		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE EYS NAME DUCHENE, TODD M. <input type="checkbox"/> DELETE STREET ADDRESS LIBERTY LANE CITY - ST - ZIP HAMPTON, NH 03842		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Michael K. Michaud		SIGNATURE: MICHAEL K. MICHAUD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/25/98 Daytime Phone # 412-490-8763	

CR2E034 (9/96)