Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90086 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P25041

1. Corporation Name

CALIPER INC. OF VIRGINIA

O/ILII E/I	, into or virtuality.										
Principal Place	e of Business	M	ailing Address				. I ibailans na man din anns biddi (im ma)	, W) W) II II II II II	1811 31811 4		
512 CENTRAL DR			P O BOX 2574			:	1				
VIRGINIA BEACH VA 23454			VIRGINIA BEACH VA 23450-574				DO NOT WOITE ALTINO SOLOE				
US			US				DO NOT WRITE IN THIS SPACE				
						Ì	3. Date Incorporated or Qualifed				
						_	07/05/1989	- 1	A C	15	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>	Applied		
21			26				54-1255229	40 7		plicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Addit e Require		
12			27 City & State				Colorate Committee Continue Co		00 маў		
r ™ City & State		<u> </u>	Ony a State				6. Election Campaign Financing Trust Fund Contribution		do may ded to Fe		
23 Zip	Country	28	Zip	Country	,		8. This corporation owes the current year		00 10 1 0		
	25	29	30	¬ ′			Personal Property Tax.	Yes		No	
24	9. Name and Address of Currer			<u> </u>			10. Name and Address of New Registere	d Agent			
	y. Hama ana masiasa a. cana.			81	Name						
COR	PORATION INFORMATION SERV	/ICES,	INC.			A -1 -1	(D.C. Davidson in New Accordable)				
1201 HAYS STREET				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)			Ì	
TALLAHASSEE FL 32301				83	 						
								1			
				84	City		F	85	Zip Code	•	
office or c	to the provisions of Sections 607.05c egistered agent, or both, in the State m familiar with, and accept the obligations of the obligation of the state of the obligation of the state of the obligation of the state of the state of the obligation of	of Flori ations of	da. Such change was autr f, Section 607.0505, Florid	nonzed by a Statutes	tne corpo	oration	ration submits this statement for the purpose is board of directors. I hereby accept the app when reinstaling) OATE	ointment a	s registe	ered	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS	IN 12	
TITLE	PD		☐ DELETE	1.1 TITLE				Chai	nge [Addition	
NAME	GREEN, ROBERT Y., JR.			1.2 NAME							
STREET ADDRESS	932 E. HORSESHOE COURT				1.3 STREET ADDRESS						
CITY-ST-ZIP	VIRGINIA BEACH VA			1.4 CITY-S	ST-ZIP		·				
TITLE			☐ DELETE	2.1 TITLE	1			Chai	nge [Addition	
NAME	SPEAS, HERBERT T., JR.			2.2 NAME	-						
STREET ADDRESS	932 E. HORSESHOE COURT			2.3 STREE	TADORESS			٠			
CITY-ST-ZIP	VIRGINIA BEACH VA			2. 4 CITY-	ST-ZIP			′			
TITLE	- 		~~- = DELETE °	3.1 TITLE	وساء جم	£	الله الزوجة والمهام المستعمل المستعمل به مستعمل المستعمل	🐃 🔄 Cha	nge[] Addition-	
NAME				3.2 NAME						ļ	
STREET ADDRESS				3.3 STREE	T ADDRESS						
C/TY-ST-ZIP				3.4. CITY-1	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE			-	☐ Cha	nge [Addition	
NAME				4, 2 NAME							
STREET ADDRESS				4.3 STREE	TADORESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			C DELETE	5.1 TITLE				☐ Chai	nge [] Addition	
NAME				5.2 NAME						- 1	
STREET ADDRESS				5.3 STREE	TADDRESS						
CiTY-ST-ZIP				5.4 CITY-S	ST-ZIP						
TITLE			□ DELETE	6.1 TITLE				Chai	nge [Addition	

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

☐ DELETE