FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #   P33277   (5)

1. Corporation Name

PERSTORP ANALYTICAL, INC.

Principal Place of Business	Mailing Address
12101 TECH RD SILVER SPRING MD 20904	12101 TECH RD SILVER SPRING MD 20904

3. Date Incorporated or Qualified	3a. Date of Last Report
03/21/1991	03/31/1995

2. Principal Place of Business

21		2a. Mailing Address	26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		
City & State 23		City & State 28		
Zip 24	Country 25	Zip 29	Country 30	

4. FEI Number

84-0686936 — Applied For / Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 W. BROWARD BLVD
PLANTATION FL 33324

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 _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C **NAME** WESTERIK, JAN **STREET ADDRESS** RONTGENSTRAAT 18 NL-3260 **CITY-ST-ZIP** BA OUD-BEIGERLABD, HOLLAND	☒ DELETE	1.1 TITLE President 1.2 NAME Nils V. Lindblad 1.3 STREET ADDRESS 3747 N. Meridian Road 1.4 CITY-ST-ZIP Rockford, IL 61103	☐ Change ☒ Addition
TITLE EVP **NAME** CURLIS, DIETER **STREET ADDRESS** 5904 MOUNT EAGLE DR #604 **CITY-ST-ZIP** ALEXANDRIA VA	☒ DELETE	2.1 TITLE Exec. VP & COO 2.2 NAME Donald R. Webster 2.3 STREET ADDRESS 6403 Forest Mill Lane 2.4 CITY-ST-ZIP Laurel, MD 20707	☐ Change ☒ Addition
TITLE D **NAME** STROHM, RAY **STREET ADDRESS** 137 BEARS PAW TRAIL **CITY-ST-ZIP** NAPLES FL	☒ DELETE	3.1 TITLE VP Finance/Treas. & Asst. Sec. 3.2 NAME Judith R. Dwyer 3.3 STREET ADDRESS 14601 Pebble Hill Lane 3.4 CITY-ST-ZIP Gaithersburg, MD 20878	☐ Change ☒ Addition
TITLE D **NAME** JOHANSSON, BERT **STREET ADDRESS** SODRA STORGATAN 7 S-252 23 **CITY-ST-ZIP** HELSINGBORG, SWEDEN	☒ DELETE	4.1 TITLE VP Operations/Hum. Res. & Sec. 4.2 NAME John J. McCarthy 4.3 STREET ADDRESS 2023 Maleady Dr. 4.4 CITY-ST-ZIP Herndon, VA 22070	☐ Change ☒ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____   7/6/96   **301-680-7204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #