

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P36120

(4)

1. Corporation Name

BIOWHITTAKER, INC.

FILED

95 JUL 21 PM 12: 39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

8830 BIGGS FORD ROAD
WALKERSVILLE MD 21793

Mailing Address

8830 BIGGS FORD ROAD
WALKERSVILLE MD 21793

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

95-3917176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29

Country

30

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

Signature, hand or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
BUTERBAUGH, NOEL L.
8830 BIGGS FORD ROAD
WALKERSVILLE MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
WINKLER, THOMAS R.
8830 BIGGS FORD ROAD
WALKERSVILLE MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VS
ROHRER, PHILIP L., JR.
8830 BIGGS FORD ROAD
WALKERSVILLE MD

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

D
Joseph Alibrandi
10880 Wilshire Blvd
Los Angeles CA 90049

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

D
Stanley Lemon
Univ of NC- Chapel Hill
Chapel Hill NC 27514

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

D
John Sever
11901 Ledgerock Ct
Potomac MD 20854

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

D
Dr. Rudiger Erckel
D-55216 Ingelheim am Rhein
Germany

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

V
Leif Olsen
8830 Biggs Ford Road
Walkersville MD 21793

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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)(b), 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:

Philip Rohrer
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip Rohrer

4/6/95
Date

(Signature)