2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2001 8:00 am DOCUMENT # P99000036814 **Secretary of State** NANOSPHERE, INC. 02-13-2001 90305 001 ***300.00 Principal Place of Business Mailing Address 12085 RESEARCH DRIVE PO BOX 13964 STE N GAINESVILLE FL 32604 26176 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3582786 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TALTON, JAMES D Street Address (P.O. Box Number is Not Acceptable) 4101 N.W. 21ST TERRACE **GAINESVILLE FL 32605** 12085 RESEARCH DRIVE 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be · Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change **PCFO** TITLE Delete TITLE TALTON, JAMES D PHD NAME NAME STREET ADDRESS 12085 BESEARCH DRIVE STREET ADDRESS 4101 NW 21ST TERRACE ALACHUA, FL 32615 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 V/5/T/D Delete TITLE ☐ Change TITI F ERNEST H. MOYER 12085 RESEARCH DRIVE NAME STREET ADDRESS STREET ADDRESS ALACHUA, FL 32615 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE___ Delete JAMES M. FITZ-GERALD NAME NAME 12085 RESEARCH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ALACHUA, FL 32615 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), 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 expressive of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an activities, with all other like empowered.