



02-25-2003 90117 028 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90036173

DOCUMENT # S98044 1. Entity Name SCHLEICHER & SCHUELL MICROSCIENCE, INC.		
Principal Place of Business 950 CONGRESS AVENUE RIVIERA BEACH, FL 33404 US	Mailing Address PO BOX 220748 WEST PALM BEACH, FL 33422-0748-US	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 11599 Suite, Apt. #, etc.	
City & State _____	City & State RIVIERA BEACH, FL	
Zip _____ Country _____	Zip _____ Country _____ 33419-1599 US	
4. FEI Number 65-0316991 Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROMERO, ANGEL 950 CONGRESS AVENUE RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name RUTH ANN McVeigh Street Address (P.O. Box Number is Not Acceptable) 950 Congress Avenue City Riviera Beach FL Zip Code 33404
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>R. McVeigh</i> DATE 02/17/03 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agents signature required when registering.)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P <input checked="" type="checkbox"/> Delete NAME ROMERO, ANGEL STREET ADDRESS 950 CONGRESS AVENUE CITY-ST-ZIP RIVIERA BEACH, FL 33404	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HOGREBE, ANDREAS STREET ADDRESS 950 CONGRESS AVENUE CITY-ST-ZIP RIVIERA BEACH, FL 33404	CR2E034 (10/02)
TITLE C <input type="checkbox"/> Delete NAME SPECHT, WERNER STREET ADDRESS 950 CONGRESS AVENUE CITY-ST-ZIP RIVIERA BEACH, FL 33404	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE TS <input type="checkbox"/> Delete NAME GALEANO, SERGEI STREET ADDRESS 950 CONGRESS AVENUE CITY-ST-ZIP RIVIERA BEACH, FL 33404	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>Sergei Dubono / Secretary</i> SERGEI GALEANO DATE: 2/17/03		