

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90005 001 ***150.00

DOCUMENT # J62641

1. Entity Name
CLARIANT LIFE SCIENCE MOLECULES (FLORIDA) INC.



Principal Place of Business
**4044 NE 54TH AVE
GAINESVILLE, FL 32609 US**

Mailing Address
**POST OFFICE BOX 18628
ATTN: ACCOUNTS PAYABLE
CHARLOTTE, NC 28205 US**

24079508



07142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2806216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAHLER, JOACHIM	
STREET ADDRESS	ROTHAUSSTRASSE 61	
CITY-ST-ZIP	MUTTENZ 1, CH 4132,	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, S C	
STREET ADDRESS	13114 SILKTREE LANE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MIYASAKI, HELEN	
STREET ADDRESS	4044 NE 54TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDER, KEN	
STREET ADDRESS	4000 MONROE RD	
CITY-ST-ZIP	CHARLOTTE, NC 28205	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEIER, HEINER	
STREET ADDRESS	4000 MONROE RD	
CITY-ST-ZIP	CHARLOTTE, NC 28205	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNARD, CHRIS	
STREET ADDRESS	4000 MONROE RD	
CITY-ST-ZIP	CHARLOTTE, NC 28205	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter B. Fowlkes	
STREET ADDRESS	4000 Monroe Rd	
CITY-ST-ZIP	Charlotte, NC 28205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2004

Date

(704) 331-7057

Daytime Phone #