

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90416 015 ***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**

50008865



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2806216

Applied For
Not Applicable

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME FOWLKES, WALTER B
STREET ADDRESS 4000 MONROE RD
CITY-ST-ZIP CHARLOTTE, NC 28205

☒ Change ☐ Addition
NAME R. H. JESSUP, JR.
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME GOLDER, KEN
STREET ADDRESS 4000 MONROE RD
CITY-ST-ZIP CHARLOTTE, NC 28205

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME STAFFORD, CRAIG
STREET ADDRESS 9250 BAYMEADOWS RD STE 200
CITY-ST-ZIP JACKSONVILLE, FL 32256

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
NAME BARNARD, CHRIS
STREET ADDRESS 4000 MONROE RD
CITY-ST-ZIP CHARLOTTE, NC 28205

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

AS ☐ Delete
NAME CROWDER, KIRK R
STREET ADDRESS 4000 MONROE RD
CITY-ST-ZIP CHARLOTTE, NC 28205

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. S. Barnard C. S. Barnard

3-24-06