No. W 84593		Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:	turn to: Annual Report Form		CORPORATION SERVICE COMPANY				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed.		12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CRISTINA PARRI	APPLIED BIOSYSTEMS, LLC CRISTINA PARRIS LIFE TECHNOLOGIES CORPORATION 5791 VAN ALLEN WAY					
	CARLSBAD CA	CARLSBAD CA 92008		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JOSEP	H W SECONDINE, JR.	5791 VAN ALLEN WAY	CARLSBAD	CA	USA	92008	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
DE	Signature: Cristi	Signature: Cristina Parrish		Date: 08/03/2011			
W 84593	Name (type or p	Name (type or print): Cristina Parrish		Title: Paralegal			
Processed 08/03/2011	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					