

APPLERA CORP  
Form 3/A  
January 31, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Stevenson Mark		(Month/Day/Year)	APPLERA CORP [ABI/CRA]	
(Last)	(First)	(Middle)	01/18/2007	
APPLERA CORP - APPLIED BIOSYSTEMS GROUP,Â 850 LINCOLN CENTRE DRIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	01/29/2007
FOSTER CITY,Â CAÂ 94404			___ Director ___ 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer ___ Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	___ Form filed by More than One Reporting Person
			Vice President	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Applied Biosystems Group Common Stock	0 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	---	---	---

Edgar Filing: APPLERA CORP - Form 3/A

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
---------------------	--------------------	-------	----------------------------------	----------	--

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Stevenson Mark APPLERA CORP - APPLIED BIOSYSTEMS GROUP 850 LINCOLN CENTRE DRIVE FOSTER CITY, CA 94404	Â	Â	Â Vice President	Â

## Signatures

/s/ Thomas P. Livingston, Attorney-In-Fact for Mark Stevenson	01/31/2007
**Signature of Reporting Person	Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The reporting person is amending his Form 3 filed on January 29, 2007 (the "Original Form 3"), solely to file the power of attorney attached hereto as Exhibit 24. Pursuant to such power of attorney, the reporting person has authorized others to execute Section 16 reports (e.g., Forms 3, 4, and 5) on his behalf, including Thomas P. Livingston (who executed the Original Form 3). The reporting person has included information on Table I of this Form 3 amendment solely to gain access to the electronic filing system, and is not amending previously-disclosed information, or adding any new information, regarding his ownership of issuer securities.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.