

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR - 1 PM 1: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834922** (7)

1. Corporation Name
BIO/DATA CORPORATION

| | |
|---|---|
| Principal Place of Business 155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347 | Mailing Address 155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/26/1975 | 3b. Date of Last Report 02/21/1994 |
| 4. FEI Number 23-1715445 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |
| 25 | 30 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent |
| | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MESSA, EUGENE J | 1.2 NAME | |
| STREET ADDRESS | 880 PEBBLE HILL RD. | 1.3 STREET ADDRESS | 800001419448 |
| CITY - ST - ZIP | DOYLESTOWN PA | 1.4 CITY - ST - ZIP | -03/02/95--01069--011 |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAMER, HAROLD | 2.2 NAME | |
| STREET ADDRESS | 728 PINE ST. | 2.3 STREET ADDRESS | *****200.00 *****200.00 |
| CITY - ST - ZIP | PHILADELPHIA PA | 2.4 CITY - ST - ZIP | |
| TITLE | VT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, BARRY J | 3.2 NAME | |
| STREET ADDRESS | 74 STEEPLECHASE DR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | DOYLESTOWN PA | 3.4 CITY - ST - ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MESSA, MARK W. | 4.2 NAME | |
| STREET ADDRESS | 297 FOX HOUND DR. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | DOYLESTOWN PA | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST. ONGE, J. | 5.2 NAME | |
| STREET ADDRESS | 3010 ARCH RD. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | NOBBISTOWN PA | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUICK, DONALD | 6.2 NAME | |
| STREET ADDRESS | MEDFORD LEAS APT. 143 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | MEDFORD NJ | 6.4 CITY - ST - ZIP | CH |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry J. Bell VICE PRESIDENT 2/12/95 (215) 441-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR