

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834922 (7)
1. Corporation Name
BIO/DATA CORPORATION



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

3. Date Incorporated or Qualified **08/26/1975** 3a. Date of Last Report **03/01/1995**
4. FEI Number **23-1715445** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes 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 Zip 25 Country 29 Zip 30 Country

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 **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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	
CITY-ST-ZIP	DOYLESTOWN PA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY AND DIRECTOR <input checked="" 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. ONGE, J.	5.2 NAME	900001833508 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3010 ARCH RD.	5.3 STREET ADDRESS	-05/22/96--01004--039
CITY-ST-ZIP	NORRISTOWN PA	5.4 CITY-ST-ZIP	***200.00
TITLE	D <input type="checkbox"/> DELETE	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	

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 119.07(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 4/6/96 (215) 441-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)