


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347	Mailing Address 155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347
---	---

3. Date Incorporated or Qualified 08/26/1975	3a. Date of Last Report 05/01/1996
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 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 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
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESSA, EUGENE J	
STREET ADDRESS	880 PEBBLE HILL RD.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAMER, HAROLD	
STREET ADDRESS	728 PINE ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BELL, BARRY J	
STREET ADDRESS	74 STEEPLECHASE DR.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MESSA, MARK W.	
STREET ADDRESS	297 FOX HOUND DR.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. ONGE, J.	
STREET ADDRESS	3010 ARCH RD.	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUICK, DONALD	
STREET ADDRESS	MEDFORD LEAS APT. 143	
CITY-ST-ZIP	MEDFORD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002151597
6.3 STREET ADDRESS	-04/23/97--01046--007
6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 VICE PRESIDENT 3/29/97 215-441-4000

CR2E034 (9/96)