

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000000197

FILED
Jul 23, 2003
Secretary of State

Entity Name: MEDTOX LABORATORIES, INC.

Current Principal Place of Business:

402 WEST COUNTY ROAD D
ST PAUL, MN 55112 US

New Principal Place of Business:

Current Mailing Address:

402 WEST COUNTY ROAD D
ST PAUL, MN 55112 US

New Mailing Address:

FEI Number: 52-1130579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BRAUN, RICHARD J
Address: 402 WEST COUNTY ROAD D
City-St-Zip: ST PAUL, MN 55112 US

Title: DV () Delete
Name: WIERSMA, KEVIN
Address: 402 WEST COUNTY ROAD D
City-St-Zip: ST PAUL, MN 55112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/CD (X) Change () Addition
Name: BRAUN, RICHARD J
Address: 402 WEST COUNTY ROAD D
City-St-Zip: ST PAUL, MN 55112 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. BRAUN

CEO

07/23/2003

Electronic Signature of Signing Officer or Director

_____ Date