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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F98000005227*

1. Corporation Name

GeneScreen Inc.



* 5 8 7 0 7 4 - 9 0 0 0 8 - 7 2 4 *

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Qualified September 17, 1998

| | | | | | | | |
|--------------------------------|--|--------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 2600 Stemmons Freeway | | 26 2600 Stemmons Freeway | | 75-2212387 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 Suite 133 | | 27 Suite 133 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax. | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 Dallas, TX | | 28 Dallas, TX | | | | | |
| Zip | | Country | | Zip | | Country | |
| 24 75207 | | 25 USA | | 29 75207 | | 30 USA | |

9. Name and Address of Current Registered Agent

CT 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | President/Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Keith W. Brown |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 2600 Stemmons Freeway, Ste. 133 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Dallas, TX 75207 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Timothy A. Mack |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1601 Bryan Street, 30th Fl. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Dallas, TX 75201 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Philip Goelet |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1101 N. Charles Street, Suite 204 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Baltimore, MD 21202 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Jennifer Lobo |
| STREET ADDRESS | | 4.3 STREET ADDRESS | One Palmer Square |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Princeton, NJ 08842 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Frank A. Bonsal, Jr. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1119 St. Paul Street |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Baltimore, MD 21202 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | C. V. Prothro |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 4401 South Beltwood Parkway |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Dallas, TX 75244 |

14. I 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, with all other like empowered.

SIGNATURE: Keith W. Brown, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

(214) 631-8152

009068776
F98000052272

ATTACHMENT TO 1999 ANNUAL REPORT

GeneScreen Inc.

ADDITIONAL OFFICER'S/DIRECTORS

Director
Glenn M. Stinchcomb
10111 North Central Expressway
Dallas, TX 75231