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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P95000010165 (5)

1. Corporation Name
QUANTACHROME CORPORATION

Principal Place of Business	Mailing Address
1900 CORPORATE DR. BOYNTON BEACH FL 33426	1900 CORPORATE DR. BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1995

4. FEI Number: 11-2161663 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. **Name and Address of Current Registered Agent**

LOWELL, SEYMOUR PHD
4786 EXETER ESTATE LANE
LAKE WORTH FL 33467

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 ____________________
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	P	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	LOWELL, SEYMOUR		1.2 NAME		
STREET ADDRESS	4786 EXETER ESTATE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	LOWELL, F. SCOTT		2.2 NAME		
STREET ADDRESS	9365 LAKESIDE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, LAUREN		3.2 NAME		
STREET ADDRESS	12631 SHORESIDE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HERLING, HERBERT		4.2 NAME	Herling, Herbert	
STREET ADDRESS	3315 HARBOR PT RD		4.3 STREET ADDRESS	16076 Via Monteverde	
CITY-ST-ZIP	BALDWIN NY 11510		4.4 CITY-ST-ZIP	Delray Beach FL 33446.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED Lauren Young 1-8-98 561-731-4999