2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010165

Address:

City-St-Zip:

16076 VIA MONTERERDE

DELRAY BEACH, FL 33446

FILED Jan 13, 2004 Secretary of State

Entity Name: QUANTACHROME CORPORATION Current Principal Place of Business: New Principal Place of Business: 1900 CORPORATE DR. BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 1900 CORPORATE DR. BOYNTON BEACH, FL 33426 FEI Number: 11-2161663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWELL, SEYMOUR PHD LOWELL, SEYMOUR PHD 4786 EXETER ESTATE LANE 1944 FLAGLER ESTATE DRIVE US LAKE WORTH, FL 33467 WEST PALM BEACH, FL 33411 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: 01/13/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LOWELL, SEYMOUR Name: Name: 1944 FLAGLER ESTATES DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LOWELL, F. SCOTT Name: 203 GROVE WAY Address: Address: DELRAY BEACH, FL 33444 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SPECTOR, LAUREN SPECTOR, LAUREN Name: Name: 7810 S FLAGLER D 7810 S FLAGLER DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33405 Title: () Delete Title: () Change () Addition HERLING, HERBERT Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LAUREN SPECTOR 01/13/2004 Τ