

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PD ☐ DELETE

NAME MESSA, EUGENE J
STREET ADDRESS 880 PEBBLE HILL RD.
CITY-ST-ZIP DOYLESTOWN PA

TITLE D ☐ DELETE

NAME CRAMER, HAROLD
STREET ADDRESS 728 PINE ST.
CITY-ST-ZIP PHILADELPHIA PA

TITLE VT ☐ DELETE

NAME BELL, BARRY J
STREET ADDRESS 74 STEEPLECHASE DR.
CITY-ST-ZIP DOYLESTOWN PA

TITLE S ☐ DELETE

NAME MESSA, MARK W.
STREET ADDRESS 297 FOX HOUND DR.
CITY-ST-ZIP DOYLESTOWN PA

TITLE D ☐ DELETE

NAME ST. ONGE, J.
STREET ADDRESS 3010 ARCH RD.
CITY-ST-ZIP NORRISTOWN PA

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARY AND DIRECTOR

☒ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

9000001833508
-05/22/96--01004--039
***200.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5-1-96
12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

4/6/96 (215) 441-4000

Date

Daytime Phone

CR2E034 (12/95)