

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 18044-0347	Mailing Address 155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 18044-0347
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1975		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-1715445		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T 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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MESSA, EUGENE J		1.2 NAME				
STREET ADDRESS	880 PEBBLE HILL RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DOYLESTOWN PA		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CRAMER, HAROLD		2.2 NAME				
STREET ADDRESS	728 PINE ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BELL, BARRY J		3.2 NAME				
STREET ADDRESS	74 STEEPLECHASE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	DOYLESTOWN PA		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MESSA, MARK W.		4.2 NAME				
STREET ADDRESS	297 FOX HOUND DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	DOYLESTOWN PA		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ST. ONGE, J.		5.2 NAME				
STREET ADDRESS	3010 ARCH RD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	NORRISTOWN PA		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	700002151597 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUICK, DONALD		6.2 NAME	-04/23/97--01046--007			
STREET ADDRESS	MEDFORD LEAS APT. 143		6.3 STREET ADDRESS	***165.00			
CITY-ST-ZIP	MEDFORD NJ		6.4 CITY-ST-ZIP				

14. I do 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: Barry J. Bell Vice President VICE PRESIDENT 3/29/97 215-441-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)