07161999-90016-005-$150.00-$150.00

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Jul 16, 1999 8:00 am
Secretary of State
07-16-1999 90016 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 834922

1. Corporation Name
BIO/DATA CORPORATION

Principal Place of Business	Mailing Address
155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347	155 CENTENNIAL PLAZA P.O. BOX 347 HORSHAM PA 19044-0347

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/26/1975

4. FEI Number: 23-1715445 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, VIRGINIA Q		2.2 NAME		
STREET ADDRESS	12 ABERDEEN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHATHAM NJ 07928		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	QUICK, DONALD		6.2 NAME		
STREET ADDRESS	MEDFORD LEAS APT. 143		6.3 STREET ADDRESS		
CITY-ST-ZIP	MEDFORD NJ		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Mark W. Messa SIGNATURE REQUIRED Vice President 4/2/99 215-441-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark W. Messa