

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90309 009 \*\*\*150.00

**DOCUMENT # 834922**

1. Entity 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**

2. Principal Place of Business

**155 GIBRALTAR ROAD**

Suite, Apt., etc.

**P.O. Box 347**City & State  
**HORSHAM, PA**

Zip

**19044-0347**

Country

**MONTGOMERY**

3. Mailing Address

**155 GIBRALTAR ROAD**

Suite, Apt., etc.

**P.O. Box 347**City & State  
**HORSHAM, PA**

Zip

**19044-0347**

Country

**MONTGOMERY**

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-1715445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 15, 2001 Fee will be \$550.00**  
**Make Check Payable to: Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MESSA, EUGENE J	880 PEBBLE HILL RD.	DOYLESTOWN PA	<input type="checkbox"/>
D	WILSON, VIRGINIA Q	12 ABERDEEN RD.	CHATHAM NJ 07928	<input type="checkbox"/>
VD	BELL, BARRY J	74 STEEPLECHASE DR.	DOYLESTOWN PA	<input type="checkbox"/>
VD	MESSA, MARK W.	297 FOX HOUND DR.	DOYLESTOWN PA	<input type="checkbox"/>
D	ST. ONGE, J.	3010 ARCH RD.	NORRISTOWN PA	<input type="checkbox"/>
D	QUICK, DONALD	MEDFORD LEAS APT. 143	MEDFORD NJ	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry J. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry J. Bell, Vice President****4/21/01**

Date

**215-441-4006**

Daytime Phone #

CR2E034 (10/00)