

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006258

1. Entity Name
FLUIDSENSE CORPORATION

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 030 ***150.00

661109



DO NOT WRITE IN THIS SPACE

Principal Place of Business 260 MERRIMAC STREET NEWBURYPORT MA 01950	Mailing Address 260 MERRIMAC STREET NEWBURYPORT MA 01950
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 02-0489842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. (NOT) 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) <input checked="" type="checkbox"/>	FILE NOW! After MAY 1, 2001 Make Check Payable to Department of State	Fee IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLISLE, JEFFREY 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENNAN, ERIC 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, RICHARD 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARNISH, JAMES 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERGUSON, ALLAN 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, CHARLES 260 MERRIMAC STREET NEWBURYPORT MA 01950	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Strategic Officer - Director Carlisle, Jeffrey 260 Merrimac St. Newburyport, MA 01950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - CEO Diane Munson 260 Merrimac St. Newburyport, MA 01950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Bebenek 260 Merrimac St Newburyport, MA 01950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas Connolly 260 Merrimac St Newburyport, MA 01950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Wollaefer 3655 Nobel Drive-Suite 490 San Diego, CA 92122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John C. Baldwin Office of Dean One Rope Ferry Rd Hanover, NH 03755-1404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 y signature shall have the same legal effect as if made under oath; that I am an officer or director 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

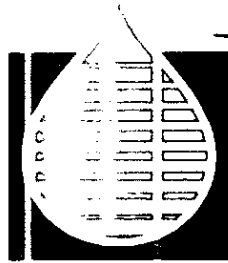
SIGNATURE: _____ 5/30/01 877-499-3900 ext 203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)

Attachment

661169



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FLUIDSENSE

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Title: D X Addition
Name: Richard Landgarten
Street Address: 388 Greenwich Street
City-St-Zip: New York, NY 10013

Innovative Management of the IV Therapy Process

FluidSense Corporation

260 Merrimac Street

Newburyport, MA 01950

Tel 978-499-3900 Toll-Free 877-499-3900 Fax 978-499-8634

Attachment



FluidSense Corporation

Innovative Management of the IV Therapy Process

661169

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FLUIDSENSE

May 29, 2001

Division of Corporations
Uniform Business Reporting Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed is a check for \$150 and the 2001 Uniform Business Report for FluidSense Corporation. I understand it was due by May 1st and that the penalty for filing late is an additional \$400. I would like to respectfully request that the Division of Corporations accept our check for \$150 as payment in full. The tardiness as was due to the Company is a late stage development enterprise that just began doing business in Florida. At this time, we are in the critical stages of seeking funding to support our existing operations and future growth, therefore the fund raising activity has taken both a considerable amount of time and resources. In an effort to conserve cash resources, as well as it was not our intent to be tardy with this form, and because this is our first full year of operations in the State of Florida, I request the penalty be waived. Further, it is our intent to comply fully in the future with Florida's requirements for filing annual and business tax forms in order to remain in compliance with all state laws.

In case you have any questions, please don't hesitate to contact me at 978 499 3900 ext 240.

Regards,

Dan Cottam
Director of Finance