



# F00000006470

ACCOUNT NO. : 072100000032

REFERENCE : 965658

AUTHORIZATION :

COST LIMIT : \$ 35.00

*4361150*  
*Patricia Pignato*

ORDER DATE : January 16, 2001

ORDER TIME : 2:46 PM

ORDER NO. : 965658-015

CUSTOMER NO: 4361150

CUSTOMER: Ms. Paula Perry  
Medtox Laboratories, Inc.  
402 West County Road D

Saint Paul, MN 55112-3597

RECEIVED  
01 JAN 17 PM 3:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

800003552698-1-0

NAME: MEDTOX DIAGNOSTICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

FILED  
01 JAN 17 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*hjc*  
*1/17*

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. MEDTOX Diagnostics, Inc.  
(Name of alien business organization)

2. 11/20/00 3. F00000006470 4. 54-1548727  
(Florida registration date) (Florida document number) (FEI Number, if applicable)

5. 1238 Anthony Road, Burlington, NC 27215  
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

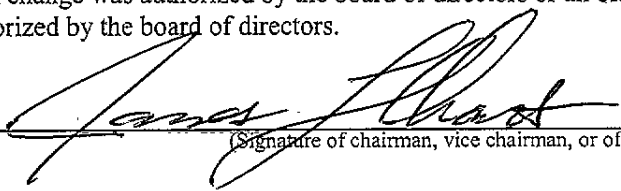
7. New registered agent and/or office address:

Corporation Service Company  
1201 Hayes Street  
Tallahassee, FL 32301

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.

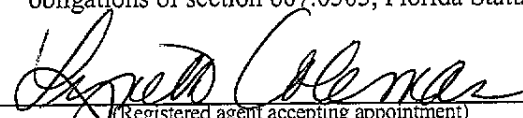
9. Such change was authorized by the board of directors or an officer of the corporation authorized by the board of directors.

10.   
(Signature of chairman, vice chairman, or officer)

11. James B. Lockhart, CFO  
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

 (Registered agent accepting appointment) 1/17/2001 (Date)

**Lynette Coleman**  
as its agent

**FILING FEE: \$35.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314

**FILED**  
**01 JAN 17 PM 5:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**