

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90526 044 \*\*\*150.00

001490

**DOCUMENT # F00000006470**

1. Entity Name

**MEDTOX DIAGNOSTICS, INC.**

Principal Place of Business

Mailing Address

**402 WEST COUNTY ROAD D  
 ST. PAUL MN 55112-3597**

**402 WEST COUNTY ROAD D  
 ST. PAUL MN 55112-3597**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-1548727**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Corporation Service Company**

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

**1201 Hayes Street**

City

**Tallahassee**

**FL**

Zip Code  
**32301**

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

**See Attached**

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 1, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DCEO**  
 STREET ADDRESS **BRAUN, RICHARD J**  
 CITY-ST-ZIP **402 WEST COUNTY ROAD D**  
**ST. PAUL MN 55112-3597**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DCFO**  
 STREET ADDRESS **LOCKHART, JAMES B**  
 CITY-ST-ZIP **402 WEST COUNTY ROAD D**  
**ST. PAUL MN 55112-3597**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**James B. Lockhart**

**2/9/01**

**(651)286-6225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

#F00000006410  
720557

### 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. 1239 Anthony Road, Burlington, NC 27215  
(Principal office address)

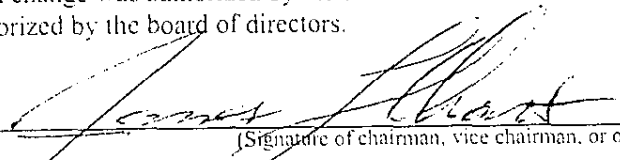
6. Name and address of registered agent and office currently on record with this office:

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

7. New registered agent and/or office address:

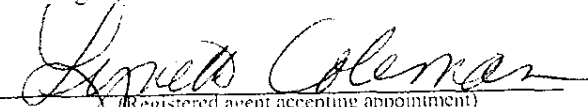
Corporation Service Company  
1201 Hayes Street  
Tallahassee, FL 32301  
(Note: Registered office must be a Florida street address)

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 so 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)

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

**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