

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000482

FILED
Feb 15, 2006
Secretary of State

Entity Name: PSYCHEMEDICS CORPORATION

Current Principal Place of Business:

125 NAGOG PARK
ACTON, MA 01720

New Principal Place of Business:

Current Mailing Address:

125 NAGOG PARK
ACTON, MA 01720

New Mailing Address:

FEI Number: 58-1701987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUBACKI, RAYMOND C JR.
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

Title: D () Delete
Name: CONNICK, HARRY
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

Title: V () Delete
Name: THISTLE, WILLIAM
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

Title: D () Delete
Name: WEINERT, FRED
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

Title: D () Delete
Name: TOMENSON, WALTER
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

Title: V () Delete
Name: MONSON, PETER C
Address: 125 NAGOG PARK
City-St-Zip: ACTON, MA 01720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER C MONSON

VP

02/15/2006

Electronic Signature of Signing Officer or Director

Date