

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90123 031 ***150.00

05/08/02 AT

DOCUMENT # F01000001311

1. Entity Name
PHYSIOMETRICS, INC.

Principal Place of Business
520 FELLOWSHIP ROAD, SUITE B-201
MOUNT LAUREL NJ 08054

Mailing Address
520 FELLOWSHIP ROAD, SUITE B-201
MOUNT LAUREL NJ 08054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 306

Suite, Apt. #, etc.

SUITE 306

City & State

City & State

4. FEI Number

52-2255164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 1, 2002 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **MARMER, KEITH**
 CITY-ST-ZIP **24 OAKWOOD DRIVE**
MEDFORD NJ 08055

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **KLEINFELTER, BRAD**
 CITY-ST-ZIP **195 W. ALBERMARLE AVE.**
LANSLOWNE PA 19050

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARMER, CRAIG**
 CITY-ST-ZIP **1900 BEACH STREET**
SAN FRANCISCO CA 94123

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RITNER, STEPHEN R**
 CITY-ST-ZIP **792 PERIWINKEL LANE**
WYNNWOOD PA 19096

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JACOBY, RICHARD A**
 CITY-ST-ZIP **2490 WHITE HORSE ROAD**
BERWYN PA 19312

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARBER, ROBERT D**
 CITY-ST-ZIP **138 GREENVALE ROAD**
CHERRY HILL NJ 08003

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Stephen M. Conroy**
 CITY-ST-ZIP **3 Wellerly Court**
Medford NJ 08055

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Brad Kleinfelter**
 CITY-ST-ZIP **226 Guilford Avenue**
Collingwood NJ 08108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: Stephen M. Conroy **Stephen M. Conroy** 4/30/02 856-608-9900.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)