

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000813

Entity Name: TOUCH BIONICS, INC.

FILED
Aug 25, 2009
Secretary of State

Current Principal Place of Business:

19 CORTLAND DRIVE
HUDSON, MA 01749

New Principal Place of Business:

3455 MILL RUN DR.,
SUITE 310
HILLIARD, OH 43026

Current Mailing Address:

19 CORTLAND DRIVE
HUDSON, MA 01749

New Mailing Address:

3455 MILL RUN DR.,
SUITE 310
HILLIARD, OH 43026

FEI Number: 20-8600591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEAD, STUART
Address: 19 CORTLAND DRIVE
City-St-Zip: HUDSON, MA 01749

Title: D () Delete
Name: GILLIES, CRAWFORD
Address: 19 CORTLAND DRIVE
City-St-Zip: HUDSON, MA 01749

Title: V (X) Delete
Name: DAVIS, CHERYL
Address: 19 CORTLAND DRIVE
City-St-Zip: HUDSON, MA 01749

Title: S (X) Delete
Name: MACKEAN, ROB
Address: 19 CORTLAND DRIVE
City-St-Zip: HUDSON, MA 01749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEAD, STUART
Address: 3455 MILL RUN DR., SUITE 310
City-St-Zip: HILLIARD, OH 430

Title: DS (X) Change () Addition
Name: FORD, MARK
Address: 3455 MILL RUN DR., SUITE 310
City-St-Zip: HILLIARD, OH 430

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 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: MARK FORD

DS

08/25/2009

Electronic Signature of Signing Officer or Director

Date