FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000618 (9)

1. Corporation Name
ADVANCED METABOLIC SYSTEMS, INC.

Principal Place of Business
326 WEST MAIN STREET
MILFORD CT 06460

Mailing Address
326 WEST MAIN STREET
MILFORD CT 06460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 68-0136968 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MESSENGER, WILLIAM G
STREET ADDR	107 ST. BOTOLPH STREET
CITY-ST-ZIP	BOSTON MA
TITLE	VT
NAME	MEHLMAN, G H
STREET ADDR	29 GEORGE LANE
CITY-ST-ZIP	BROOKLINE MA 02146
TITLE	S
NAME	GILBERT, GREGORY F
STREET ADDR	8776 KILLDEE
CITY-ST-ZIP	ORANGEVALE CA 95662
TITLE	CD
NAME	SANDBERG, RICHARD A
STREET ADDR	233 BRUSHY RIDGE
CITY-ST-ZIP	NEW CANAAN CT 06840
TITLE	D
NAME	AOKI, THOMAS T DR.
STREET ADDR	1021 EL SUR WAY
CITY-ST-ZIP	SACRAMENTO CA
TITLE	D
NAME	FORBES, WALTER
STREET ADDR	C/O 707 SUMMER STREET
CITY-ST-ZIP	STAMFORD CT 06904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / NAME / STREET ADDR / CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDR / CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / NAME / STREET ADDR / CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / NAME / STREET ADDR / CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDR / CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE	D	[X] Change [ ] Addition
6 NAME	DONNELLY, T B	
6 STREET ADDR	4 VIA VIZCAYA	
6 CITY-ST-ZIP	PALM BEACH, FL 33480	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of the report or on file attachment with an address.

SIGNATURE: [signature] 4/26/95 (203) 876 6560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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List of Other Officers and Directors

7.1	Title	V			
7.2	Name	Arcangeli	Michael		A
7.3	Street address	8294 Country Lake Drive			
7.4	City-St-Zip	Orangevale	CA	95662	
8.1	Title	D			
8.2	Name	Smith	Peter		
8.3	Street address	C/o Ralin Medical Inc. 2231 Lakeside Drive			
8.4	City-St-Zip	Bannockburn	IL	60015	
9.1	Title	D			
9.2	Name	Widmann	Roger		M
9.3	Street address	C/o Chemical Bank 270 Park Avenue, 8th Floor			
9.4	City-St-Zip	New York	NY	10017	