

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 16 AM 10:33

**DOCUMENT # F93000003274 (8)**

1. Corporation Name  
**CONSUMER HEALTH SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5720 FLATIRON PKWY.  
BOULDER CO 80301**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/06/1993 02/21/1994**  
4. FEI Number Applied For  
**84-0896608** 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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>CDVP</b>                                       |
| NAME                       | <b>DONALDSON, MATTHEW J</b>                       |
| STREET ADDRESS             | <b>5720 FLATIRON PKWY.</b>                        |
| CITY - ST - ZIP            | <b>BOULDER CO 80301</b>                           |
| TITLE                      | <b>VCD</b>  |
| NAME                       | <b>FEDDERSEN, DONALD W</b>                        |
| STREET ADDRESS             | <b>CHARLES RIVER VENTURES-67 BATTERYMARCH ST.</b> |
| CITY - ST - ZIP            | <b>BOSTON MA 02110</b>                            |
| TITLE                      | <b>PD</b>   |
| NAME                       | <b>SHANKS, DAVID</b>                              |
| STREET ADDRESS             | <b>5720 FLATIRON PKWY.</b>                        |
| CITY - ST - ZIP            | <b>BOULDER CO 80301</b>                           |
| TITLE                      | <b>S</b>  |
| NAME                       | <b>MUELLER, SUSAN D</b>                           |
| STREET ADDRESS             | <b>5720 FLATIRON PKWY.</b>                        |
| CITY - ST - ZIP            | <b>BOULDER CO 80301</b>                           |
| TITLE                      | <b>T</b>  |
| NAME                       | <b>MOLTER, JAMES P</b>                            |
| STREET ADDRESS             | <b>5720 FLATIRON PKWY.</b>                        |
| CITY - ST - ZIP            | <b>BOULDER CO 80301</b>                           |
| TITLE                      | <b>D</b>  |
| NAME                       | <b>HARRINGTON, EDWARD J</b>                       |
| STREET ADDRESS             | <b>5720 FLATIRON PKWY.</b>                        |
| CITY - ST - ZIP            | <b>BOULDER CO 80301</b>                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 1.2 NAME  | <b>Dunlop, Wallace P.</b>   |
| 1.3 STREET ADDRESS                                    | <b>5720 FLATIRON PARKWAY</b>  |
| 1.4 CITY - ST - ZIP                                   | <b>BOULDER, CO 80301</b>  |
| 2.1 TITLE   | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| 2.2 NAME  | <b>VIRGINIA BUNKER</b>  |
| 2.3 STREET ADDRESS                                    | <b>SPROUT GROUP, 140 Broadway, 42nd Floor</b>   |
| 2.4 CITY - ST - ZIP                                   | <b>New York, NY 10005</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 3.2 NAME  | <b>OK</b>   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 4.2 NAME  | <b>OK</b>   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 5.2 NAME  | <b>RAUP, William J.</b>   |
| 5.3 STREET ADDRESS                                    | <b>5720 FLATIRON PARKWAY</b>  |
| 5.4 CITY - ST - ZIP                                   | <b>BOULDER, CO 80301</b>  |
| 6.1 TITLE   | <b>DIRECTOR, TREASURER, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

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)(k), 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 if changed, or as an alternate agent with an address.

SIGNATURE: **X** *[Signature]* 3/16/95 303-442-1111  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)