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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:34

DOCUMENT # F94000000214 (6)

1. Corporation Name
MEDELEC, INC.

Principal Place of Business	Mailing Address
THREE CAMPUS DR. PLEASANTVILLE NY 10570	THREE CAMPUS DR. PLEASANTVILLE NY 10570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:
4. FEI Number: 22-2691299 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	PATTINSON, MICHAEL P R	1 2 NAME	
STREET ADDRESS	THREE CAMPUS DR.	1 3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	1 4 CITY-ST-ZIP	
TITLE	S	2 1 TITLE	☒ Change ☐ Addition
NAME	ASCHER, DAVID M	2 2 NAME	
STREET ADDRESS	120 CHUBB AVE.	2 3 STREET ADDRESS	140 Ridgewood Avenue
CITY-ST-ZIP	LYNDHURST NJ 07071	2 4 CITY-ST-ZIP	Paramus, NJ 07652
TITLE	T	3 1 TITLE	☐ Change ☐ Addition
NAME	PAGE, KERI	3 2 NAME	
STREET ADDRESS	THREE CAMPUS DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☒ Change ☐ Addition
NAME	GODBER, STEVEN A	4 2 NAME	
STREET ADDRESS	CRANBOURNE HOUSE, BESSEMER RD.	4 3 STREET ADDRESS	Manor Way, Old Woking,
CITY-ST-ZIP	BASINGSTOKE, HANTS GERMANY	4 4 CITY-ST-ZIP	Surrey GU22 9JU England
TITLE		5 1 TITLE	Director ☐ Change ☒ Addition
NAME		5 2 NAME	Robin Neville
STREET ADDRESS		5 3 STREET ADDRESS	Manor Way, Old Woking
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Surrey GU22 9JU England
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this 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 on an attachment with an address.

SIGNATURE: (914) 769-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Michael P.R. Pattinson March 3, 1995