

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000214 (6)

1. Corporation Name

MEDELEC, INC.

Principal Place of Business

THREE CAMPUS DR.
PLEASANTVILLE NY 10570

Mailing Address

THREE CAMPUS DR.
PLEASANTVILLE NY 10570



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent Signature is required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTINSON, MICHAEL P R	
STREET ADDRESS	THREE CAMPUS DR.	
CITY-STATE-ZIP	PLEASANTVILLE NY 10570	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ASCHER, DAVID M	
STREET ADDRESS	140 RIDGEWOOD AVENUE	
CITY-STATE-ZIP	PARAMUS NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAGE, KERI	
STREET ADDRESS	THREE CAMPUS DR.	
CITY-STATE-ZIP	PLEASANTVILLE NY 10570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODBER, STEVEN A	
STREET ADDRESS	MANOR WAY, OLD WOKING	
CITY-STATE-ZIP	SURREY GU22 9JU EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEVILLE, ROBIN	
STREET ADDRESS	MANOR WAY, OLD WOKING	
CITY-STATE-ZIP	SURREY GU22 9JU EN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	Rasmussen, Jann
6.4 CITY-STATE-ZIP	3 Campus Drive Pleasantville, NY 10570

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 on an attachment with an address.

SIGNATURE:

Keri Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 1996

(914)769-5900

Date

Daytime Phone #

CR2E034 (12/95)