

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000214

1. Entity Name

~~MEDELEC, INC.~~ Oxford Instruments, Medical Inc.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90072 005 ***558.75

Principal Place of Business ☒ Mailing Address

~~THREE CAMPUS DR.~~ 12 Skyline Dr
~~PLEASANTVILLE NY 10570~~ Suite 230
Hawthorne NY 10532
~~THREE CAMPUS DR.~~
~~PLEASANTVILLE NY 10532-2133~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12 Skyline Dr
Suite, Apt. # etc.
Suite 230

City & State
Hawthorne NY

Zip
10532
Country
USA

4. FEI Number 22-2691299

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTINSON, MICHAEL P R THREE CAMPUS DR. PLEASANTVILLE NY 10570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLACK, J 37 FOX HILL RD NEWTON MA 02159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PAGE, K 3 CAMPUS DR PLEASANTVILLE NY 10570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, M 7 WINNYARDS CUMMOR OX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Page, Kern 12 Skyline Dr Suite 230 Hawthorne NY 10532	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alan Cousens Manorway Surrey, UK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hugh Hardman - AS 130 A Baker Ave Concord, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kern J. Page REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/30/00 Daytime Phone #: 914-593-7100

Cr 1014 (7/99)