SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT QUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS F9400000508 (1) DOCUMENT # MEDIQUAL SYSTEMS, INC. Principal Place of Business Mailing Address 1900 WEST PARK DRIVE 1900 WEST PARK DRIVE **WESTBOROUGH MA 01581 WESTBOROUGH MA 01581** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1994 02/21/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 36-3112859 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLHASSEE FL 32301 83 84 City 65 Z-p 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type house, weeken went trep beroot agent and the day ploudle (NOTE: Registered Agest Segnature required who a resolution). 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. DELETÉ TITLE 1 I THE \_\_\_ Change Addition KRISS, ERIC 1.2 NAME CR2E034 1900 WEST PARK DRIVE STREET ADDRESS 13 STREET ADDRESS WESTBOROUGH MA CITY - ST - ZIP 1.4 CITY - ST - ZIF DELETE TITLE Change Addition 2 1 THLE RYAN, WILLIAM D NAME 2.2 NAME 1900 WEST PARK DRIVE STREEL ADDRESS 2.3 STREET ADDRESS WESTBOROUGH MA CITY ST-ZIP TITLE DELETE Change Addition 3 LTHUE BREWSTER, ALAN C NAME 3.2 NAME 1900 WEST PARK DRIVE STREET ADDRESS 3.3 STREET ADDRESS WESTBOROUGH MA CITY-ST-ZIP 3.4 CITY - ST - ZIF DELETE TIFLE 4.1 TITLE Change Addition DALY, ROBERT W NAME 1900 WEST PARK DRIVE STREET ADDRESS 4.3 STREET ADDRESS WESTBOROUGH MA CHTY-ST-ZIE 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE JACOBS, CHARLES M 5.2 NAME 1900 WEST PARK DRIVE STREET ADDRESS 5.3 STREET ADDRESS WESTBOROUGH MA CITY-ST-ZIP 5.4 CITY - ST ZIP TITLE DELETE 6 1 TILLE Change Addition DOMINIK, DAVID NAME 6.2 NAME 1900 WEST PARK DRIVE STREET ADDRESS 6.3 STREET ADDRESS WESTBOROUGH MA CITY-ST-ZIP 6.4 CITY - ST- 7/P nished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the info made under eath, that is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if nor the receiver or trustee empowered to execute this report as required by Chapter 617, Florica Statutes, and that my name appoirs in Block an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6/12/96 (508)366-6365