


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90107 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000000508					
1. Corporation Name MEDIQUAL SYSTEMS, INC.					
Principal Place of Business 1900 WEST PARK DRIVE WESTBOROUGH MA 01581			Mailing Address 5555 GLENDON COURT DUBLIN OH 43016		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/25/1994 4. FEI Number 36-3112859 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE FL 32301			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISS, ERIC		1.2 NAME		
STREET ADDRESS	1900 WEST PARK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTBOROUGH MA		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANE, JOHN C		2.2 NAME		
STREET ADDRESS	5555 GLENDON COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43016		2.4 CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, GEORGE H JR		3.2 NAME		
STREET ADDRESS	5555 GLENDON COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43016		3.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGANER, STEPHANIE A		4.2 NAME	VT WAGONER, STEPHANIE A	
STREET ADDRESS	5555 GLENDON COURT		4.3 STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016		4.4 CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, GLENN L		5.2 NAME		
STREET ADDRESS	5555 GLENDON COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43016		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN L MARTIN V.P., TAXES

Date

1-8-99

Daytime Phone #

1014717-5000