

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90087 050 ***150.00

DOCUMENT # F94000000508

1. Entity Name

MEDIQUAL SYSTEMS, INC.

Principal Place of Business

WEST PARK DRIVE
WESTBOROUGH MA 01581

Mailing Address

5555 GLENDON COURT
DUBLIN OH 43016-3249

2. Principal Place of Business

3. Mailing Address

7000 Cardinal Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dublin, OH

4. FEI Number

36-3112859

Applied For

Not Applicable

Zip

Country

Zip

Country

43017

U.S.A.

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE FL 32301

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

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

(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	P	<input checked="" type="checkbox"/> Delete
NAME	KRISS, ERIC	
STREET ADDRESS	1900 WEST PARK DRIVE	
CITY-ST-ZIP	WESTBOROUGH MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, STEPHANIE A	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WAGANER, STEPHANIE A	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, GLENN L	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Kane	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE	Exec. V.P. - Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard J. Miller	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

Glenn L. Martin, V.P. Taxes 4-10-00

Date

Daytime Phone #

614-757-5000