FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003298 (6)**

1. Corporation Name
BIOSYS, INC.

Principal Place of Business	Mailing Address
10150 OLD COLUMBIA RD. COLUMBIA MD 21046	10150 OLD COLUMBIA RD. COLUMBIA MD 21046

3. Date Incorporated or Qualified: **06/22/1994**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **94-2878645** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD COLELLA, SAMUEL D 3000 SAND HILL ROAD, BLDG. 2, #290 MENLO PARK CA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	see attached for a complete list of all	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOHONI, VENKATRAO S 1057 E MEADOW CIRCLE PALO ALTO CA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	current officers and directors	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUATTLEBAUM, EDWIN C 1057 E MEADOW CIRCLE PALO ALTO CA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST FIELDING JR, BRUCE G 1057 E MEADOW CIRCLE PALO ALTO CA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMMS, R P 1057 E MEADOW CIRCLE PALO ALTO CA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GEORGIS, RAMON 1057 E MEADOW CIRCLE PALO ALTO CA	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: M. R. Thomas MICHAEL R.N. THOMAS (410) 381-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg 282

OFFICERS AND DIRECTORS

TITLE	C/D
NAME	COLELLA, SAMUEL D
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 2, #290
CITY- ST- ZIP	MENLO PARK, CA

TITLE	D
NAME	HAYES, ALAN
STREET ADDRESS	HIGHLANDS, FERNHURST, HESLEMERE
CITY- ST- ZIP	SURREY, GU27 3LL UNITED KINGDOM

TITLE	D
NAME	PARTON, THOMAS
STREET ADDRESS	617 ST. ANDREWS COURT
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	D
NAME	SOHONI, VENKAT
STREET ADDRESS	199 OAK GROVE AVENUE
CITY- ST- ZIP	ATHERTON, CA 94027

TITLE	D
NAME	STALKER, PETER
STREET ADDRESS	E.M. WARBURG, PINCUS & CO, INC. 466 LEXINGTON AVENUE, 10TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10017-3147

TITLE	D/VICE CHAIRMAN
NAME	DONWEN, WILLIAM J
STREET ADDRESS	5715 PRESTON FAIRWAY DRIVE
CITY- ST- ZIP	DALLAS, TEXAS 75252

TITLE	P/D
NAME	QUATTLEBAUM, EDWIN C
STREET ADDRESS	10150 OLD COLUMBIA ROAD
CITY- ST- ZIP	COLUMBIA, MD 21046

TITLE	V/T/S
NAME	THOMAS, MICHAEL R.N.
STREET ADDRESS	10150 OLD COLUMBIA ROAD
CITY- ST- ZIP	COLUMBIA, MD 21046

TITLE	V
NAME	SIMMS, R PATRICK
STREET ADDRESS	10150 OLD COLUMBIA ROAD
CITY- ST- ZIP	COLUMBIA, MD 21046

TITLE	V
NAME	GEORGIS, RAMON
STREET ADDRESS	10150 OLD COLUMBIA ROAD
CITY- ST- ZIP	COLUMBIA, MD 21046

TITLE	V
NAME	JUDD, DAVID
STREET ADDRESS	10150 OLD COLUMBIA ROAD
CITY- ST- ZIP	COLUMBIA, MD 21046