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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
10150 OLD COLUMBIA RD.
COLUMBIA MD 21046

Mailing Address
10150 OLD COLUMBIA RD.
COLUMBIA MD 21046-1274



3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CD
COLELLA, SAMUEL D
3000 SAND HILL ROAD, BLDG. 2, #280
MENLO PARK CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
SOHONI, VENKATRAO S
1057 E MEADOW CIRCLE
PALO ALTO CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
QUATTLEBAUM, EDWIN C
1057 E MEADOW CIRCLE
PALO ALTO CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
SIMMS, R P
1057 E MEADOW CIRCLE
PALO ALTO CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
GEORGIS, RAMON
1057 E MEADOW CIRCLE
PALO ALTO CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
PD
Edwin C Quattlebaum
10150 Old Columbia Rd
Columbia, MD 21046

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
VTS
Michael R N Thomas
10150 Old Columbia Rd
Columbia, MD 21046

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
D
Thomas Perfor
10150 Old Columbia Rd
Columbia, MD 21046

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
D
William Donner
10150 Old Columbia Rd
Columbia, MD 21046

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
D
Alan Hayes
10150 Old Columbia Rd
Columbia, MD 21046

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000000

CR2E034 (9/96)