FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004758 (8)**

1. Corporation Name
MEDICALOGIC, INC.

Principal Place of Business	Mailing Address
15400 NW GREENBRIAR PARKWAY #400 BEAVERTON OR 97006	15400 NW GREENBRIAR PARKWAY #400 BEAVERTON OR 97006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 93-0890696 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
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.
SUITE 105
1201 HAYS STREET
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LEAVITT, MARK MD,PHD	1.2 NAME	Leavitt, Mark K.	
STREET ADDRESS	8288 SW MAPLERIDGE DRIVE	1.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400	
CITY-ST-ZIP	PORTLAND OR 97225	1.4 CITY-ST-ZIP	Beaverton, OR 97006	
TITLE	V	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SAMCO, RICHARD	2.2 NAME	Samco, Richard L.	
STREET ADDRESS	5822 SW SHERIDAN CT	2.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400	
CITY-ST-ZIP	PORTLAND OR 97221	2.4 CITY-ST-ZIP	Beaverton, OR 97006	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SAMCO, RICK	3.2 NAME	Stevens, Mark A.	
STREET ADDRESS	5822 SW SHERIDAN CT	3.3 STREET ADDRESS	3000 Sand Hill Rd. ste 280 Bldg 4	
CITY-ST-ZIP	PORTLAND OR 97221	3.4 CITY-ST-ZIP	Menlo Park CA 94025	
TITLE	SD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MOFFENBEIER, DAVID C	4.2 NAME	Moffenbeier, David C.	
STREET ADDRESS	1495 OAK TERRACE	4.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400	
CITY-ST-ZIP	LAKE OSWEGO OR 97034	4.4 CITY-ST-ZIP	Beaverton, OR 97006	
TITLE	V	5.1 TITLE		☐ Change ☒ Addition
NAME	MERCHANT, BERKELEY T	5.2 NAME	Field, Guy E.	
STREET ADDRESS	470 NW TORREYVIEW DRIVE	5.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400	
CITY-ST-ZIP	PORTLAND OR 97229	5.4 CITY-ST-ZIP	Beaverton OR 97006	
TITLE	D	6.1 TITLE	V	☐ Change ☒ Addition
NAME	KASE, RONALD H	6.2 NAME	Reber, C. Sue	
STREET ADDRESS	235 MONTGOMERY STREET SUITE 1025	6.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	6.4 CITY-ST-ZIP	Beaverton, OR 97006	

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: Guy E Field Guy E Field 3/21/95 (503) 531-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0493117 FN