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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 20500 NW Evergreen Pkwy
Suite, Apt. #, etc.
27
City & State
28 Hillsboro OR
Zip 29 97124 | Country 30

4. FEI Number: 93-0890696 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	LEAVITT, MARK MD,PHD		1.2 NAME		
STREET ADDRESS	15400 NW GREENBRIER PKWY #400		1.3 STREET ADDRESS	20500 NW Evergreen Pkwy	
CITY-ST-ZIP	BEAVERTON OR		1.4 CITY-ST-ZIP	Hillsboro OR 97124	
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	SAMCO, RICHARD		2.2 NAME		
STREET ADDRESS	15400 NW GREENBRIER PKWY #400		2.3 STREET ADDRESS	20500 NW Evergreen Pkwy	
CITY-ST-ZIP	BEAVERTON OR		2.4 CITY-ST-ZIP	Hillsboro OR 97124	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	STEVENS, MARK A.		3.2 NAME		
STREET ADDRESS	3000 SAND HILL RD., STE 280 BLDG 4		3.3 STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK CA		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	☒ Change	☐ Addition
NAME	MOFFENBEIER, DAVID C.		4.2 NAME		
STREET ADDRESS	15400 NW GREENBRIER PKWY #400		4.3 STREET ADDRESS	20500 NW Evergreen Pkwy	
CITY-ST-ZIP	BEAVERTON OR		4.4 CITY-ST-ZIP	Hillsboro OR 97124	
TITLE	V	☒ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	MERCHANT, BERKELEY T		5.2 NAME		
STREET ADDRESS	470 NW TORREYVIEW DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR 97229		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	☒ Change	☐ Addition
NAME	KASE, RONALD H		6.2 NAME		
STREET ADDRESS	235 MONTGOMERY STREET SUITE 1025		6.3 STREET ADDRESS	2490 Sand Hill Road	
CITY-ST-ZIP	SAN FRANCISCO CA 94104		6.4 CITY-ST-ZIP	Menlo Park, CA 94025	

CR2E034 (10/97)

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.

SIGNATURE: Gregg Lemos 3/13/98 (503) 531-7400