

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 11:53

SEAL OF THE STATE
TALLAHASSEE, FLORIDA



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3222463

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEMBEL, DAVID 95 HAYDEN AVE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, BEN 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800031528598
03/31/04--01004--001 **3250.00

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 781 202 9000
Date Daytime Phone #

Attachment

BIO-TRAX INTERNATIONAL, INC.

FEIN 04-3222463

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 03/17/2003

DIRECTORS	OFFICE	BUSINESS
BEN LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

CORPORATE HEADQUARTERS
95 HAYDEN AVENUE
LEXINGTON, MA 02420-9192