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FILED

May 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005662 (1)

1. Corporation Name:  
QUANTUM DISEASE MANAGEMENT, INC.



Principal Place of Business

310 EAST 96TH STREET  
SUITE 300  
INDIANAPOLIS IN 46240  
US

Mailing Address

310 EAST 96TH STREET  
SUITE 300  
INDIANAPOLIS IN 46240-3732  
US

3. Date Incorporated or Qualified  
11/01/1994

3a. Date of Last Report  
05/02/1996

4. FEI Number

35-1933383

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	STICKNEY, DOUGLAS H	
STREET ADDRESS	310 EAST 96TH STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, MICHAEL	
STREET ADDRESS	310 EAST 96TH STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERRA, ROBERT J	
STREET ADDRESS	608 2ND AVE. SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, STEVEN B	
STREET ADDRESS	1227 25TH ST. NW	
CITY-ST-ZIP	WASHINGTON DC 20037-1156	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCILWRATH, JOHN C	
STREET ADDRESS	310 EAST 96TH STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, KEITH T	
STREET ADDRESS	310 EAST 96TH STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 #

CR2E034 (9/96)

# QUANTUM DISK MANAGEMENT INC

## Board of Directors

Robert A. Fusco  
Thomas Boelsen

## OFFICERS

Robert A. Fusco

President and Chairman

Thomas Boelsen

Sr. Vice President - Finance  
and Chief Financial Officer

Michael Ellis

Sr. Vice President - Sales  
and Marketing

Thomas J. Prosheiser

Assistant Treasurer

William C. Reed

Sr. Vice President -  
Operations and Chief  
Information Officer

William P. Costantini

Sr. Vice President, General  
Counsel and Assistant  
Secretary

Laurin L. Laderoute, Jr.

Vice President, Assistant  
Secretary and Assistant  
General Counsel

Nancy F. Lanis

Vice President, Assistant  
Secretary and Assistant  
General Counsel

Ruth Dixon

Assistant Secretary

Richard Zimmer

Assistant Secretary

All offices - DIRECTOR  
175 Broad Hollow Road  
Melville, L.I. 11747