

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90077 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006201**

1. Corporation Name  
**ROCHE LABORATORIES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O KATHY DRAGOS 340 KINGSLAND STREET NUTLEY NJ 07110	Mailing Address C/O KATHY DRAGOS 340 KINGSLAND STREET NUTLEY NJ 07110
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3. Date Incorporated or Qualified <b>12/20/1995</b>	4. FEI Number <b>22-3383945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>XD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZENNER, PATRICK J</b>		1.2 NAME	
STREET ADDRESS <b>340 KINGSLAND STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NUTLEY NJ</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUDOVAR, STEPHEN G</b>		2.2 NAME <b>Myron Holubiak</b>	
STREET ADDRESS <b>340 KINGSLAND STREET</b>		2.3 STREET ADDRESS <b>340 Kingsland Street</b>	
CITY-ST-ZIP <b>NUTLEY NJ</b>		2.4 CITY-ST-ZIP <b>Nutley, NJ 07110</b>	
TITLE <b>T.</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENNRICH, WILLIAM L</b>		3.2 NAME	
STREET ADDRESS <b>340 KINGSLAND STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NUTLEY NJ</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KENTZ III, FREDERICK C</b>		4.2 NAME	
STREET ADDRESS <b>340 KINGSLAND STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NUTLEY NJ</b>		4.4 CITY-ST-ZIP	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D'ANGELO, FRANK J</b>		5.2 NAME	
STREET ADDRESS <b>340 KINGSLAND STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NUTLEY NJ</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

**SIGNATURE:** SIGNATURE Frederick C. Kentz, III 1/13/99 973-235-4596  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)