

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003346 (1)**

1. Corporation Name
MEDITROL AUTOMATION SYSTEMS, INC.

Principal Place of Business

**PO BOX 742587
HOUSTON TX 77274-2587**

Mailing Address

**PO BOX 742587
HOUSTON TX 77274-2587**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9800 Centre Parkway		26 5555 Glendon Court		07/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1100		27		76-0390179	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Houston		28 Dublin, OH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 TX	25 U.S.A.	29 43016	30 U.S.A.		

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	Corporation Service Company		
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street		
83			
84 City	Tallahassee	85 State	FL
		86 Zip Code	32301

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 **Sylvia M. White** **Authorized Representative** **4/1/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	DURY, STEPHEN A	
STREET ADDRESS	9800 CENTRE PKWY., #1100	
CITY-ST-ZIP	HOUSTON TX 77274-2587	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ISGREN, CARL E	
STREET ADDRESS	9800 CENTRE PKWY., #1100	
CITY-ST-ZIP	HOUSTON TX 77274-2587	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FLORANCE, STANLEY H	
STREET ADDRESS	9800 CENTRE PKWY., #1100	
CITY-ST-ZIP	HOUSTON TX 77274-2587	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOEBIG, DAVID E	
STREET ADDRESS	9800 CENTRE PKWY., #1100	
CITY-ST-ZIP	HOUSTON TX 77274-2587	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, FORBES	
STREET ADDRESS	13000 EXECUTIVE DR.	
CITY-ST-ZIP	SUGAR LAND TX 77478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John C. Kane	
1.3 STREET ADDRESS	5555 Glendon Court	
1.4 CITY-ST-ZIP	Dublin, OH 43016	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas D. Bang	
2.3 STREET ADDRESS	9800 Centre Parkway	
2.4 CITY-ST-ZIP	Houston, TX 77274	
3.1 TITLE	EXP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Bearman	
3.3 STREET ADDRESS	5555 Glendon Court	
3.4 CITY-ST-ZIP	Dublin, OH 43016	
4.1 TITLE	EXP/IS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George H. Bennett, Jr	
4.3 STREET ADDRESS	5555 Glendon Court	
4.4 CITY-ST-ZIP	Dublin, OH 43016	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Glenn L. Martin	
5.3 STREET ADDRESS	5555 Glendon Court	
5.4 CITY-ST-ZIP	Dublin, OH 43016	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: **Glenn L. Martin** **2-17-98** **644-717-5000**

CR2E034 (10/97)