

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90040 049 \*\*\*158.75

DOCUMENT # F97000002675

1. Corporation Name  
MRI CAPSTONE RESOURCES, INC.

Principal Place of Business  
% MEDICAL RESOURCES, INC.  
155 STATE ST.  
HACKENSACK NJ 07601

Mailing Address  
% MEDICAL RESOURCES, INC.  
155 STATE ST.  
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

22-3521648

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 C/O MEDICAL RESOURCES, INC.  
125 State Street

22 Suite, Apt. #, etc.  
Suite 200 - Legal Dept.

23 City & State  
Hackensack, NJ

24 Zip 07601 Country USA

25. Mailing Address

26 C/O Medical Resources, Inc.

27 Suite, Apt. #, etc.  
Suite 200 - Legal Dept.

28 City & State  
Hackensack, New Jersey

29 Zip 07601 Country USA

9. Name and Address of Current Registered Agent

NRAI, INC.  
526 E. PARK AVE.  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME ALLEN, G H  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VTS ☒ DELETE  
NAME WHYNOT, G A  
STREET ADDRESS 155 STATE ST.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Duane C. Montopoli  
1.3 STREET ADDRESS 125 State Street - Suite 200  
1.4 CITY-ST-ZIP Hackensack, New Jersey 07601

2.1 TITLE DP ☐ Change ☒ Addition  
2.2 NAME Michael J. Drumgoole  
2.3 STREET ADDRESS 125 State Street - Suite 200  
2.4 CITY-ST-ZIP Hackensack, New Jersey 07601

3.1 TITLE VS ☐ Change ☒ Addition  
3.2 NAME Christopher J. Joyce  
3.3 STREET ADDRESS 125 State Street - Suite 200  
3.4 CITY-ST-ZIP Hackensack, New Jersey 07601

4.1 TITLE VT ☒ Change ☐ Addition  
4.2 NAME Geoffrey A. Whynot  
4.3 STREET ADDRESS 125 State Street - Suite 200  
4.4 CITY-ST-ZIP Hackensack, New Jersey 07601

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (201) 488-6230

Date

Daytime Phone #

CR2E034 (11/98)