

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90089 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000003742

1. Corporation Name
SABRATEK CORPORATION

Principal Place of Business
1629 PRIME CT., BLDG. 100
ORLANDO FL 32809

Mailing Address
1629 PRIME CT., BLDG. 100
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

36-3700639

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANDELL, ELLIOTT R
1629 PRIME CT., BLDG. 100
ORLANDO FL 32809

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CT	PADDA, K. SHAN	5601 W. HOWARD	NILES IL 60714	<input type="checkbox"/>
C	LEVITAS, DORAN C	5601 W. HOWARD	NILES IL 60714	<input type="checkbox"/>
D	HODES, SCOTT	5601 W. HOWARD	NILES IL 60714	<input checked="" type="checkbox"/>
D	LAMPERT, MIKE	5601 W. HOWARD	NILES IL 60714	<input type="checkbox"/>
P	RASTOGI, ANIL K PH.D.	5601 W. HOWARD	NILES IL 60714	<input checked="" type="checkbox"/>
V	JORDAN, ALAN E	5601 W. HOWARD	NILES IL 60714	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
CEO		8111 North St. Louis	Skokie, IL. 60076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAO, VP		8111 North St. Louis	Skokie, IL. 60076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Lautman, William	8111 North St. Louis	Skokie, IL. 60076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	Lampert, Mark	8111 North St. Louis	Skokie, IL. 60076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	Holden, Steve	8111 North St. Louis	Skokie, IL. 60076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	Jerowitz, Paul	8111 North St. Louis	Skokie, IL. 60076	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 and typed or printed name of signing officer or director: Steve Holden 4-12-99 847 720-2400

Date

Daytime Phone #

CR2E034 (11/98)

0096714