2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

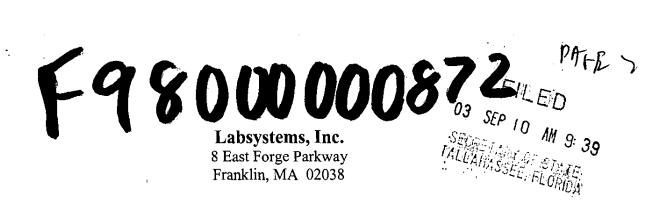
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 121 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DOCUMENT # F9800000872 1. Entity Name LABSYSTEMS INC.					O3 SEP 10 AM 9: 39		
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State 4. FEI Number 04-3199207 Applied Country Zip Country 5. Certificate of Status Desired Se. 75 Additional For Required Sequired Sequired 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1207 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1207 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1208 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1209 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1209 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1209 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1209 SOUTH PINE ISLAND ROAD 1209 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 1209 SOUTH PINE ISLAND ROAD	8 EAST FORGE PKWY C/O TAX DEPT FRANKLIN MA 02038 81 WYMAN ST							
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TITLE NAME HAIR, BARRY S STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	After Sej	ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of	State		 	Trust Fund Contribution.	Added	1 to Fees
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CITY-ST-ZIP WALTHAM MA 02454 CITY-ST-ZIP	TITLE NAME STREET ADDRESS	AS AGGABABIAN, ROBERT V 81 WYMAN STREET	-:	TITLE NAME STREET ADDRESS	Ker 81	nneth J. Apicerno, Treasurer Wyman Street	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP LAMBERT, SANDRA L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Name Street address	LAMBERT, SANDRA L 81 WYMAN STREET WALTHAM MA 02454	Delete	NAME Street address	Seth 81 W	H. Hoogasian yman Street	☐ Change	Addition
TITLE D Delete TITLE NAME SILVA, PAUL M STREET ADDRESS CITY-ST_ZIP WALTHAM MA 02454 Delete TITLE NAME Marc N. Casper 81 Wyman Street Waltham, MA 02454	NAME STREET ADDRESS	SILVA, PAUL M 81 WYMAN ST	Delete	NAME Street Address	Marc 81 W	N. Casper yman Street	☐ Change	Addition
TITLE Delete TITLE Assistant Secretary Change Change NAME Jonathan C. Wilk & Theresa R. Boni STREET ADDRESS CITY-ST-ZIP Waltham, MA 02454	Name Street address		☐ Delete	NAME . Street address	Jonatha 81 Wyn	an C. Wilk & Theresa R. Boni man Street	☐ Change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Maura 81 Wyn Waltha	A. Spellman nan Street am, MA 02454		Addition

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPEDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #



August 22, 2003

Mr. Buck Kohr Corporate Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Mr. Kohr,

Enclosed please find Uniform Business Report for Labsystems, Inc. [Document #F98000000872] and a filing fee of \$150. We acknowledge that the enclosed filing is late. I am writing to request from the Division of Corporations to waive the \$400 late fee as the initial notice that was mailed by the Division of Corporations never reached our office.

If you have any questions regarding this matter, please contact my assistant, Silva Haroutunian, at 781-622-1238.

Sincerely,

Robert V. Aghababian Assistant Secretary