2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900004438

BIOSYNEXUS INCORPORATED

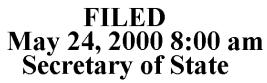
Principal Place of Business

Mailing Address

- MEDICAL CENTER DRIVE, SUITE 100

9610 MEDICAL CENTER DRIVE. SUITE 100

ROCKVILLE MD 20850-6330



05-24-2000 90059 046 ***150.00

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2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	• ·	City & State		4.	FEI Number 52-2180641	├	pplied For lot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	lditional	
	6. Name and Address of Current	Registered Agent	·	- 7:	Name and Address of New R	egistered Agent		ĺ
1201	PORATION SERVICE COMPANY HAYS STREET		Stre		Box Number is Not Acceptable)		
	AHASSEE FL 32301-2525		City	•	<u></u>	FL Zip Co		
CICNIATIES	named entity submits this statement for signature, typed or printed name of registered agent			ce or registered a		rida.	he l	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of		oe \$550.00	10. Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFI	ICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD WONG, HING C 9610 MEDICAL CENTER DRIVE, ROCKVILLE MD 20850	Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	TILLOO .	dicition dedical Center Dr.	Change	X Addition	totw(s) #80.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISCHER, JEFFREY D 9610 MEDICAL CENTER DRIVE, ROCKVILLE MD 20850	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	,		☐ Change	☐ Addition	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FISCHER, GERALD W 9610 MEDICAL CENTER DRIVE, ROCKVILLE MD 20850	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF			☐ Change	Addition	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, DEAN 9610 MEDICAL CENTER DRIVE, ROCKVILLE MD 20850	Delete	TITLE NAME STREET ADD	ſ		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	D GRAY, C. B 9610 MEDICAL CENTER DRIVE,	Delete SUITE 100	TITLE NAME STREET ADDI CITY-ST-ZIF			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JUDD 9610 MEDICAL CENTER DRIVE, ROCKVILLE MD 20850		TITLE NAME STREET ADD CITY-ST-ZIF	RESS		☐ Change	Addition	
13. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exemptio	n stated in Section	n 119,07(3)(i), Florida Statutes.	further certify that the	Information	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>301</u>-294-8604