2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000004438

Entity Name: BIOSYNEXUS INCORPORATED

FILED Apr 14, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9610 MEDICAL CENTER DRIVE, SUITE 100 ROCKVILLE, MD 20850				9298 GAITHER ROAD GAITHERSBURG, MD 20877			
Current Mailing Address:				New Mailing Address:			
9610 MEDICAL CENTER DRIVE, SUITE 100 ROCKVILLE, MD 20850				9298 GAITHER ROAD GAITHERSBURG, MD 20877			
FEI Number:	: 52-2180641	FEI Number Applied For()	FEI Nur	mber Not Appl	icable ()	Certifica	ate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Reg	jistered Agent:
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323	DE COMPANY 012525 US submits this statement for the pu	urpose c	of changing i	ts registered	office or r	registered agent, or both,
SIGNATU		is Circustum of Desistent Assess	-1				Data
	Electron	nic Signature of Registered Ager	IL				Date
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:		ADDITION	IS/CHANGE	S TO OFF	FICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () WONG, HING O 2810 N COMMI MIRAMAR, FL	ERCE PKWY		Title: Name: Address: City-St-Zip:	(() Change	() Addition
Title: Name: Address: City-St-Zip:	FISCHER, JEF	. CENTER DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	ST (FISCHER, JE 9298 GAITHE GAITHERSBU	FFREY D R ROAD	() Addition
Title: Name: Address: City-St-Zip:	FISCHER, GER	. CENTER DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	PCEO (FISCHER, GE 9298 GAITHE GAITHERSBU	ERALD W ER ROAD	() Addition
Title: Name: Address: City-St-Zip:	D () HILAL, PETER 9610 MEDICAL ROCKVILLE, M	CENTER DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	D (HILAL, PETE 9298 GAITHE GAITHERSBU	R R ROAD	() Addition
Title: Name: Address: City-St-Zip:	GRAY, C. B	Delete CENTER DRIVE, SUITE 100 ID 20850		Title: Name: Address: City-St-Zip:	D (GRAY, C. B 9298 GAITHE GAITHERSBU	R ROAD	() Addition
Title: Name: Address: City-St-Zip:	HILL, JUDD	Delete CENTER DRIVE, SUITE 100 D 20850		Title: Name: Address: City-St-Zip:	D (HILL, JUDD 9298 GAITHE GAITHERSBU	R ROAD	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY D. FISCHER ST 04/14/2003

MICHAEL SHEFFERY/ D 9298 GAITHER ROAD GAITHERSBURG, MD 20877

WILLIAM E. CONWAY/ D 9298 GAITHER ROAD GAITHERSBURG, MD 20877