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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H69233** **(5)**

1. Corporation Name

UDL LABORATORIES, INC.

Principal Place of Business	Mailing Address
C/O HERBERT L. STERN, JR. 7111 ULMERTON ROAD LARGO FL 33541	30 N. LASALLE STREET SUITE 4300 CHICAGO IL 60602

3. Date Incorporated or Qualified: **08/01/1985**

3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business
21 C/O TIMOTHY G. WAIT
Suite, Apt. #, etc.
22 7111 ULMERTON ROAD
City & State
23 LARGO, FL
Zip 24 33541 Country 25 USA

2a. Mailing Address
26 1718 NORTHROCK CT.
Suite, Apt. #, etc.
27 ATTN: TIM WAIT
City & State
28 ROCKFORD, IL
Zip 29 61103-1201 Country 30 USA

4. FEI Number: **59-2557430** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
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's signature required when name(s) of) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REICHER, MICHAEL K. 1718 NORTHROCK CT. ROCKFORD IL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORD, JOHN W 1718 NORTHROCK CT. ROCKFORD IL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V RONALD SERPAIO 7111 ULMERTON ROAD LARGO, FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACDONALD, SHERRILL 1718 NORTHROCK CT ROCKFORD IL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S ROGER L. FOSTER 781 CHESTNUT RIDGE RD. MORGANTOWN,WV 26505	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHIRAGA, SHIRO F 1527 LYONS EVANSTON IL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLEMENS, PETER A 1527 LYONS EVANSTON IL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STERN, HERBERT L, JR 30 N LASALLE STREET, SUITE 4300 CHICAGO IL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael K. Reicher 4/15/96 815 282 1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #