FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J32538 (7)

1. Corporation Name
BESSELAAR CLINICAL RESEARCH UNITS, INC.

Principal Place of Business	Mailing Address
ONE MALCOLM AVE TETERBORO NJ 07608	ONE MALCOLM AVE TETERBORO NJ 07608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 900 Osceola Drive
Suite, Apt. #, etc. 22
City & State 23 West Palm Beach, Fl
Zip 24 33409 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 58-1695239 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MARIER, RAYMOND C.	1.2 NAME	Kuebler, Christopher	
STREET ADDRESS	ONE MALCOLM AVE.	1.3 STREET ADDRESS	One Malcolm Avenue	
CITY-ST-ZIP	TETERBORO NJ	1.4 CITY-ST-ZIP	Teterboro, NJ 07608	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	HURWITZ, JEFFREY S.	2.2 NAME	same	
STREET ADDRESS	ONE MALCOLM AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NJ	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	VANOURT, DOUG	3.2 NAME	same	
STREET ADDRESS	ONE MALCOLM AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NJ	3.4 CITY-ST-ZIP		
TITLE	OP	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FIRTH, BRAIN	4.2 NAME	Koffer, Harris	
STREET ADDRESS	103 COLLEGE RD E	4.3 STREET ADDRESS	One Malcolm Avenue	
CITY-ST-ZIP	PRINCETM NJ	4.4 CITY-ST-ZIP	Teterboro, NJ 07608	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	MASSIU, JERRY	5.2 NAME	Maggio, Gerald	
STREET ADDRESS	103 COLLEGE RD EAST	5.3 STREET ADDRESS	One Malcolm Avenue	
CITY-ST-ZIP	PRINCETM NJ	5.4 CITY-ST-ZIP	Teterboro, NJ 07608	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Daniel S Maggio 4/26/95 (609) 452-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306180 FP