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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90152 001 ***150.00

DOCUMENT # **M52719**

1. Corporation Name

MEDICAL ECONOMICS COMPANY INC.

Principal Place of Business

**FIVE PARAGON DRIVE
MONTVALE NJ 07645
US**

Mailing Address

**FIVE PARAGON DRIVE
MONTVALE NJ 07645
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1987

4. FEI Number

59-2811463

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEMS, INC
1201 HAYES STREET
STE. 105
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD SCHLEGAL, WILLIAM A**

STREET ADDRESS **5 PARAGON DR**

CITY-STATE-ZIP **MONTVALE NJ**

TITLE ☐ DELETE

NAME **CEO ALLEN, CURTIS B**

STREET ADDRESS **5 PARAGON DR**

CITY-STATE-ZIP **MONTVALE NJ**

TITLE ☒ DELETE

NAME **VT EHARDT, THOMAS**

STREET ADDRESS **5 PARAGON DR**

CITY-STATE-ZIP **MONTVALE NJ**

TITLE ☐ DELETE

NAME **S HARRIS, MICHAEL**

STREET ADDRESS **247 WRIGHT DRIVE**

CITY-STATE-ZIP **GOLDEN BRIDGE NY 10526**

TITLE ☐ DELETE

NAME **V SCHROEDER, JAMES W**

STREET ADDRESS **143 CAMBRIDGE AVE.**

CITY-STATE-ZIP **GARDEN CITY NY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

VP GRAY, BERESFORD
FIVE PARAGON DRIVE
MONTVALE, NJ 07645

14. 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 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, with all other like empowered.

SIGNATURE:

BERESFORD E. GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERESFORD E. GRAY

3/1/99

(201) 358-7500

DATE

OFFICER PHONE #

CR2E034 (11/98)