

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0002

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

03-17-1999 90152 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/27/1987 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 City & State | | 28 City & State | | 59-2811463 | |
| 24 Zip | | 29 Zip | | 30 Country | |
| 25 Country | | 30 Country | | 5. Certificate of Status Desired | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution | |
| 25 Country | | 30 Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | |

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--------------------|
| TITLE | CD | 11 TITLE | |
| NAME | SCHLEGAL, WILLIAM A | 12 NAME | |
| STREET ADDRESS | 5 PARAGON DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MONTVALE NJ | 14 CITY-ST-ZIP | |
| TITLE | CEO | 21 TITLE | |
| NAME | ALLEN, CURTIS B | 22 NAME | |
| STREET ADDRESS | 5 PARAGON DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MONTVALE NJ | 24 CITY-ST-ZIP | |
| TITLE | VT | 31 TITLE | VP |
| NAME | EHARDT, THOMAS | 32 NAME | GRAY, BERESFORD |
| STREET ADDRESS | 5 PARAGON DR | 33 STREET ADDRESS | FIVE PARAGON DRIVE |
| CITY-ST-ZIP | MONTVALE NJ | 34 CITY-ST-ZIP | MONTVALE, NJ 07645 |
| TITLE | S | 41 TITLE | |
| NAME | HARRIS, MICHAEL | 42 NAME | |
| STREET ADDRESS | 247 WRIGHT DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | GOLDEN BRIDGE NY 10526 | 44 CITY-ST-ZIP | |
| TITLE | V | 51 TITLE | |
| NAME | SCHROEDER, JAMES W | 52 NAME | |
| STREET ADDRESS | 143 CAMBRIDGE AVE. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | GARDEN CITY NY | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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: B. Evans BERESFORD E. GRAY 3/1/99 (201) 358-7500

CR2E034 (11/98)