File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 08 MAY -4 PK 2: 12 ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS SECREMANY OF STATE THILDAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** M9700000572 1a, Principal Place of Business Address SYSTEMED, L.L.C. 100 SUMMIT AVENUE 100 SUMMIT AVENUE MONTVALE NJ 07645 MONTVALE NJ 07645 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 09/03/1997 DESulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3474880 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sulte, Apt. #, etc. Zip Code FL 9. Pursuant to the provisions of Sections 608.416 and 608.508. Floride Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when re-instating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR JONES, ROGER A 100 SUMMIT AVENUE MONTVALE NJ MGR WEINSTEIN, BERT I 100 SUMMIT AVENUE MONTVALE NJ MGR SCHISANI, BARBARA A 100 SUMMIT AVENUE MONTVALE NJ DORSA, CAROLINE MGR ONE MERCK DRIVE WHITEHOUSE STATION N

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Mula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

Michael Findling

28/98 98:423:100

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