FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 5:09
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Tallahassee, FL 32314

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # P12691 (2)

1. Corporation Name
RESPONSE ABILITY SYSTEMS, INC.

Principal Place of Business
1300 ADMIRAL WILSON BLVD.
CAMDEN NJ 08101

Mailing Address
1300 ADMIRAL WILSON BLVD.
CAMDEN NJ 08101

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 11-K PRINCESS RD	26 11-K PRINCESS RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAWRENCEVILLE NJ	City & State 28 LAWRENCEVILLE NJ
Zip 24 08648 Country 25 USA	Zip 29 08648 Country 30 USA

4. FEI Number: 52-1441922 ☐ 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

JENKINS, NEVIN C.
1760 SOUTH DIMONSON TERRACE
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1760 SOUTH DIMONSON TERRACE
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 ______
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, RICHARD M.	1 2 NAME	
STREET ADDRESS	465 ROCK GLEN DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	WYNNEWOOD PA	1 4 CITY-ST-ZIP	
TITLE	STD	2 1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, RONALD A.	2 2 NAME	
STREET ADDRESS	1645 FAWN LANE	2 3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGDON VALLEY PA	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	$87 5/1
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
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)(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: X [signature] 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #