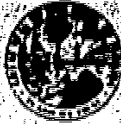


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

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**

95 MAY -1 PM 5:09
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tallahassee, FL 32314

300001478659
-05/05/95--01006--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 **11-K PRINCESS RD**

26 **11-K PRINCESS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **LANDERLEIGH NJ**

28 **LANDERLEIGH NJ**

Zip

Country

Zip

Country

24 **07044**

25 **USA**

29 **07044**

30 **USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

02/03/1994

4. FEI Number

52-1441922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.932,
Florida Statutes ☐ Yes ☒ No

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

Signature of Registered Agent

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROOKS, RICHARD M.
STREET ADDRESS	465 ROCK GLEN DRIVE
CITY - ST - ZIP	WYNNEWOOD PA
TITLE	STD
NAME	FELDMAN, RONALD A.
STREET ADDRESS	1645 FAWN LANE
CITY - ST - ZIP	HUNTINGDON VALLEY PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

875/1

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 in duplicate, 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 R M M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/6/95

DATE

Daytime Phone