


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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12691 (2) 1. Corporation Name RESPONSE ABILITY SYSTEMS, INC.					
Principal Place of Business 11-K PRINCESS RD LAWRENCEVILLE NJ 08648			Mailing Address 11-K PRINCESS RD LAWRENCEVILLE NJ 08648		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-1441922	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JENKINS, NEVIN C 1760 SOUTH DIMENSION TERRACE HOMOSASSA FL 34448				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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12					
TITLE		P		<input type="checkbox"/> DELETE	
NAME		BROOKS, RICHARD M.			
STREET ADDRESS		465 ROCK GLEN DRIVE			
CITY - ST - ZIP		WYNNWOOD PA			
TITLE		STD		<input type="checkbox"/> DELETE	
NAME		FELDMAN, RONALD A.			
STREET ADDRESS		1645 FAWN LANE			
CITY - ST - ZIP		HUNTINGDON VALLEY PA			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Richard M. Brooks RICHARD M. BROOKS

609-896-4500

CR2E034 (10/97)