FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13277 (9)

1. Corporation Name
TIMEMED LABELING SYSTEMS, INC.

Principal Place of Business
144 TOWER DRIVE
BURR RIDGE IL 60521

Mailing Address
144 TOWER DRIVE
BURR RIDGE IL 60521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 36-2286840 ☐ 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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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 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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NERAD, JERRY
STREET ADDRESS	144 TOWER DRIVE
CITY ST ZIP	BURR RIDGE IL
TITLE	V
NAME	ROBERTSON, R. VIC
STREET ADDRESS	144 TOWER DRIVE
CITY ST ZIP	BURR RIDGE IL
TITLE	SD
NAME	NERAD, ANN
STREET ADDRESS	144 TOWER DRIVE
CITY ST ZIP	BURR RIDGE IL
TITLE	CTD
NAME	NERAD, JOHN
STREET ADDRESS	144 TOWER DRIVE
CITY ST ZIP	BURR RIDGE IL
TITLE	D
NAME	BLUE, JAMES
STREET ADDRESS	50699 CANYON LANE
CITY ST ZIP	BURR RIDGE IL
TITLE	D
NAME	ROCHE, JAMES
STREET ADDRESS	111 WEST MONROE
CITY ST ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	CHARLES E. JOHNSON	
1.3 STREET ADDRESS	144 TOWER DRIVE	
1.4 CITY ST ZIP	BURR RIDGE, IL 60521	
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		

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)(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: Charles E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-95
Daytime Phone #: 708-986 1800

0477636 FP