

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
02/17/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME JOHNSON, CHARLES E
STREET ADDRESS 144 TOWER DRIVE
CITY-ST-ZIP BURR RIDGE IL

TITLE ☐ DELETE

V
NAME ROBERTSON, R. VIC
STREET ADDRESS 144 TOWER DRIVE
CITY-ST-ZIP BURR RIDGE IL

TITLE ☐ DELETE

SD
NAME NERAD, ANN
STREET ADDRESS 144 TOWER DRIVE
CITY-ST-ZIP BURR RIDGE IL

TITLE ☐ DELETE

CTD
NAME NERAD, JOHN
STREET ADDRESS 144 TOWER DRIVE
CITY-ST-ZIP BURR RIDGE IL

TITLE ☐ DELETE

D
NAME BLUE, JAMES
STREET ADDRESS 50699 CANYON LANE
CITY-ST-ZIP BURR RIDGE IL

TITLE ☐ DELETE

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 ☐ Change ☒ Addition

1.2 NAME PRESIDENT
1.3 STREET ADDRESS NERAD, JERRY
1.4 CITY-ST-ZIP 144 TOWER DR
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-96 708-986-1800

CR2E034 (12/95)