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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 60521-5785

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/17/1987

3a. Date of Last Report

04/30/1996

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, if applicable

(NOTE: Registered Agent's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME JOHNSON, CHARLES E

STREET ADDRESS 144 TOWER DRIVE

CITY-ST-ZIP BURR RIDGE IL

TITLE V ☒ DELETE

NAME ROBERTSON, R. VIC

STREET ADDRESS 144 TOWER DRIVE

CITY-ST-ZIP BURR RIDGE IL

TITLE SD ☐ DELETE

NAME NERAD, ANN

STREET ADDRESS 144 TOWER DRIVE

CITY-ST-ZIP BURR RIDGE IL

TITLE CTD ☐ DELETE

NAME NERAD, JOHN

STREET ADDRESS 144 TOWER DRIVE

CITY-ST-ZIP BURR RIDGE IL

TITLE D ☒ DELETE

NAME BLUE, JAMES

STREET ADDRESS 50699 CANYON LANE

CITY-ST-ZIP BURR RIDGE IL

TITLE D ☐ DELETE

NAME ROCHE, JAMES

STREET ADDRESS 111 WEST MONROE

CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE V ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE D ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 registered or trusted 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

CR2E034 (9/96)