

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90083 036 ***150.00

DOCUMENT # P13277

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

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

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 V ☐ DELETE

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

TITLE V ☐ DELETE

NAME GRAY, RAYMOND SR.
STREET ADDRESS 144 TOWER DRIVE
CITY-ST-ZIP BURR RIDGE IL 60521

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 MISSIMER, ROGER
STREET ADDRESS 2721 SCENIC DR
CITY-ST-ZIP NO MUSKEGON MI

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

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 DIRECTOR
JAMES W. GOOD
6.3 STREET ADDRESS 790 FRONTAGE ROAD
6.4 CITY-ST-ZIP NORTHFIELD, IL 60093

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, with all other like empowered.

SIGNATURE:

Charles E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES E. JOHNSON

4-21-99

Date

630-734-7209

Daytime Phone #

CR2E034 (11/98)

0558419