Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90083 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13277

1. Corporation Name

TIMEMED LABELING SYSTEMS, INC.

Principal Place of Business Mailing Address							i labilaat lat	F1E00 11510 14014 \$0014 11) 	BINIT HOUT
144 TOWER DRIVE 144 TOWER DRIVE			TOWER DRIVE									
BURR RIDGE IL 60521 BURR RIDGE IL 60521												
								DO NOT WRITE	IN THIS S	PACE		
							3. Date Incorporate	ed or Qualifed				
·		1 _					02/17/1987				Analia	d For
	ace of Business	2a.	Mailing Address				4. FEI Number			-	Applied	plicable
21		26	College Anna Hanna				36-2286840			\$8.7		
Suite, Apt. :	#, etc.	<u></u>	Suite, Apt. #, etc.		-		5, Certifcate of Sta	tus Desired - [7	Requir	
City 8 State		27	City & State				6. Election Campa	ian Einanaina			0 May	
City & State	e	28	Only & Olate				Trust Fund Con]		ed to Fe	
23	Country	201	Zip	Cou	intry		8. This corporation		vear Intai			
 ·	25	29		30			Personal Proper			Yes		No
24	9. Name and Address of Current	1	tered Agent	50	Т		10. Name and Add	<u> </u>	istered A	gent		
	V. 11dillo				81	Name						
UNIT	ED STATES CORPORATION COM	IPAN1	1			01 : 14		is Net Assestable				
1201	HAYS STREET				82	Street A	ddress (P.O. Box Number	is Not Acceptable) }			
SUIT	E 105				83							
TALL	AHASSEE FL 32301									T1 -		
					84	City			FL	85 Z	ip Cod	e
44 Pursuant t	to the provisions of Sections 607.0502	and 6	07.1508. Florida State	ites, the a	LLLL bove	-named c	corporation submits this sta	tement for the pur	rnose of c	hanging	its reg	istered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	la. Such change was	authorized	d by t	he corpor	ration's board of directors.	I hereby accept the	ne appoint	ment as	registe	ered
anent Lat	m tamiliar with land accent the obligatio											
agont. I ai	m rammar was, and doopt all obligation	JIIS UI,	Section 607.0505, F	lorida Stat	utes.							
SIGNATURE						signature rec	quired when reinstating)		DATE			_
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 111 WEST MONROE

CHICAGO IL

790 FRONTAGE ROAD

NORTHFIELD,

JL 60093