2000 UNIFORM BUSINESS REPORT (UBR) FILED										
DOCUMENT # P13277 1. Entity Name						May 03, 2000 8:00 am Secretary of State				
TIMEMED LABELING SYSTEMS, INC.						<b>Secretary of State</b> 05-03-2000 90062 012 ***150.00				
Principal Place of Business Mailing Address							05 05 2000 5	0002 012	150.00	
144 TOWER DRIVE		144 TOWER DRIVE								
BURR RIDGE IL	_ 60521	BURR RIDGE IL 60521-5785								
2 Principal P	ace of Business	3. Mailing Address								
		Suite, Apt. #, etc.				I ING I ING I INI				
Suite, Apt. #, etc.										
City & State		City & State				4. FEI Number	36-2286840		Applied For Not Applica	
Zip	Country	Zip Country				5. Certificate of	<u></u>	Fee Requ	Additional	
6. Name and Address of Current Registered Agent				Name	7	7. Name and Address of New Registered Agent				
UNITED STATES CORPORATION COMPANY				Street A	ddress (P.C	ss (P.O. Box Number is Not Acceptable)				
SUIT	HAYS STREET				<u>u</u> .					
TALL	AHASSEE FL 32301	City				FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its r	registere	d office or	registered	agent, or both, i	n the State of Florida	L.		
SIGNATURE _	Signature, typed or printed name of registered agent and	t title if applicable. (NOTE:	Registered	Agent signati	ure required wh	en reinstating)		DATE		
	pration is eligible to satisfy its Intangible	FILE NOW!		•			on Campaign Financ	· _ •	5.00 May B	6
, v	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			t of State		Fund Contribution.	-	ded to Fees	
11	OFFICERS AND D		12. TITLE		PRE	SIDENT	ANGES TO OFFICE	RS AND DIRECT		tion 6
NAME	JOHNSON, CHARLES E			E	1	RY NE TOWER	RAD		<u> </u>	tion 134 (9/99)
STREET ADDRESS City-St-Zip	144 TOWER DRIVE BURR RIDGE IL			et address St-zip	BUR	R RIDG	E, IL 603			ß
TITLE	V Delete			,	EXE	ECUTIVE VICE PRESIDENT Change Addition				
NAME STREET ADDRESS	GRAY, RAYMOND SR. 144 TOWER DRIVE			et address	144	TOWER	DRIVE			
CITY-ST-ZIP	BURR RIDGE IL 60521			ST-ZIP	BUR	R RIDG	E, IL 60.	521		<u></u>
TITLE NAME	SD NERAD, ANN	Delete	TITLE						ge 🛛 🔀 Addi	tion
STREET ADDRESS	144 TOWER DRIVE		STRE	ET ADDRESS			LESSMAN IND AVEN			
CITY-ST-ZIP	BURR RIDGE IL		-	ST-ZIP	WES	TERN SP	RINGS, IL	60558		
title Name	CTD Nerad, John	Delete	TITLE					Chang	ge 📋 Addi	LEDAT
STREET ADDRESS	144 TOWER DRIVE			ET ADDRESS						
CITY-ST-ZIP	BURR RIDGE IL	<u> </u>		ST-ZIP	ļ					
TITLÉ NAME	d Missimer, Roger	Delete	TITLE					Chan	ge 🔲 Addi	tion }
STREET ADDRESS	2721 SCENIC DR		1	ET ADDRESS						
CITY-ST-ZIP	NO MUSKEGON MI		CITY-	ST-ZIP	<u> </u>		<u></u>			
TITLE	D COOD INNES W	Delete	TITLE					Chan	ge 🗋 Addi	tion
NAME STREET ADDRESS	GOOD, JAMES W 790 FRONTAGE RD			Et address						1
CITY-ST-ZIP	NORTHFIELD IL 60093		CITY	ST-ZIP	<u> </u>					
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with pri other like empowered.										
SIGNAT	$\left( \begin{array}{c} \\ \\ \\ \end{array} \right)$	hm - in					-24-00 (			
JUNAL	SIGNATURE AND TYPED OR PRI	TED NAME OF SIGNING OFFICER C		OR			Date	Daytime Phone	J #	-