

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P13277	
1. Entity Name TIMEMED LABELING SYSTEMS, INC.	



Principal Place of Business 144 TOWER DRIVE BURR RIDGE, IL 60527	Mailing Address 144 TOWER DRIVE BURR RIDGE, IL 60527
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2286840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCO OPELKA, MARILYN 144 TOWER DRIVE BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NERAD, JERRY 144 TOWER DRIVE BURR RIDGE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NERAD, ANN 144 TOWER DRIVE BURR RIDGE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, AMY NERAD 5048 WOODLAND WESTERN SPRINGS, IL 60558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISSIMER, ROGER 2721 SCENIC DR NO MUSKEGON, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, JAMES W 790 FRONTAGE RD NORTHFIELD, IL 60093

U000000121381
04/20/04-80050-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Opelka* - MARILYN OPELKA 4-17-04 630-734-7208
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #