2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13277

FILED Jan 22, 2009 Secretary of State

Entity Name: TIMEMED LABELING SYSTEMS, INC.

Current Principal Place of Business: New Principal Place of Business: 144 TOWER DRIVE BURR RIDGE, IL 60527 **Current Mailing Address: New Mailing Address:** 144 TOWER DRIVE BURR RIDGE, IL 60527 FEI Number: 36-2286840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: (X) Change () Addition OPELKA, MARILYN HUTCHINSON, GARY Name: Name: 144 TOWER DRIVE 13880 DEL SUR STREET Address: Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: SAN FERNANDO, CA 91340 PD Title: Title: () Delete (X) Change () Addition Name: NERAD, JERRY Name: KIRKPATRICK III. HARRELD 144 TOWER DRIVE 333 WEST WACKER DR, SUITE 1620 Address: Address: BURR RIDGE, IL 60527 CHICAGO, IL 60606 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: SD () Delete NERAD, ANN FOSTER, ROBERT Name: Name: 144 TOWER DRIVE 13880 DEL SUR STREET Address: Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: SAN FERNANDO, CA 91340 Title: () Delete Title: (X) Change () Addition NELSON, AMY NERAD SEGAL, MARK Name: Name: Address: 5048 WOODLAND Address: 13880 DEL SUR STREET City-St-Zip: City-St-Zip: WESTERN SPRINGS, IL 60558 SAN FERNANDO, CA 91340 Title: Title: (X) Delete () Change () Addition MISSIMER, ROGER Name: Name: 2721 SCENIC DR Address: Address: City-St-Zip: NO MUSKEGON, MI City-St-Zip: Title: (X) Delete Title: () Change () Addition GOOD, JAMES W Name: Name: 790 FRONTAGE RD Address: Address: City-St-Zip: NORTHFIELD, IL 60093 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SEGAL CFO 01/22/2009