

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 04

DOCUMENT # P13596 (2)

1. Corporation Name
PSICOR, INC.

Principal Place of Business 16818 VIA DEL CAMPO CT. SAN DIEGO CA 92127	Mailing Address 16818 VIA DEL CAMPO CT. SAN DIEGO CA 92127
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/13/1987	3a. Date of Last Report 02/01/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 25-1228645	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNAWAY, MICHAEL W.	1.2 NAME	
STREET ADDRESS	18075 POLVERA WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	1.4 CITY - ST - ZIP	
TITLE	I	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRACCHIOLO, JOHN V	2.2 NAME	
STREET ADDRESS	16818 VIA DEL CAMPO COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLIN, WHITNEY	3.2 NAME	
STREET ADDRESS	16818 VIA DEL CAMPO CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNAWAY, TRUDY VINCENT	4.2 NAME	
STREET ADDRESS	18075 POLVERA WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, LAVERNE	5.2 NAME	
STREET ADDRESS	16818 VIA DEL CAMPO CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer 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.

SIGNATURE: *John V. Cracchiolo* **JOHN V. CRACCHIOLO** 1/18/95 619-485-5599
(Signature and typed or printed name of signing officer or director)