

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13657 (2)
1. Corporation Name
THERA-KINETICS, INC.

Principal Place of Business
1300 RT 73
MOUNT LAUREL, NJ. 08054

Mailing Address
1300 RT 73
MOUNT LAUREL, NJ. 08054



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1987

4. FEI Number
22-2669357

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Thera-Kinetics, Inc.	26 Thera-Kinetics, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 PO Box 5050 (55 Carnegie Plaza)	27 PO Box 5050
City & State	City & State
23 Cherry Hill NJ	28 Cherry Hill NJ
Zip	Zip
24 08034	29 08034-5050
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
D	AYERS, DON
6125 MEMORIAL DRIVE	DUBLIN OH
CITY-ST-ZIP	
P	PORTER, CRAIG
715 BRANDWINE DRIVE	MOORESTOWN NJ
CITY-ST-ZIP	
V	BROWN, JACK
511 S 18TH STREET	PHILADELPHIA PA
CITY-ST-ZIP	
D	POULSON, LANCE
6225 MEMORIAL DR	DUBLIN OH
CITY-ST-ZIP	
D	PARRETT, REBECCA
6225 MEMORIAL DRIVE	DUBLIN OH
CITY-ST-ZIP	
D	SHAMAN, S. LAWRENCE
1411 WALNUT ST #1014	PHILADELPHIA PA
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE -P.D.	Porter, Craig - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PO Box 5050 (55 Carnegie Plaza)
2.3 STREET ADDRESS	Cherry Hill NJ 08034-5050
2.4 CITY-ST-ZIP	
3.1 TITLE V.T.S.	Brown, Jack V.T.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PO Box 5050 (55 Carnegie Plaza)
3.3 STREET ADDRESS	Cherry Hill NJ 08034-5050
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Jack N Brown

609 470 2132

CR2E034 (10/97)