FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13803** **(2)**

1. Corporation Name
MICROMEDEX, INC.

Principal Place of Business
6200 S. SYRACUSE WAY
SUITE 300
ENGLEWOOD CO 80111-4740

Mailing Address
6200 S. SYRACUSE WAY
SUITE 300
ENGLEWOOD CO 80111-4740

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 02/13/1995
4. FEI Number: 84-0740525 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.1503 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 ________

12. OFFICERS AND DIRECTORS

	12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	SHELTON, J.W.			
STREET ADDRESS	ONE STATION PLACE			
CITY-ST-ZIP	STAMFORD CT			
TITLE	CD	☐ DELETE		☐ Change ☐ Addition
NAME	SNESIL, N.R.			
STREET ADDRESS	FIVE PARAGON DRIVE			
CITY-ST-ZIP	MONTVALE NJ			
TITLE	~~P~~D	☒ DELETE	President/CEO	☒ Change ☐ Addition
NAME	RUMACK, B.H.		Marilyn Winokur	
STREET ADDRESS	~~600 GRANT STREET~~		6200 S. Syracuse Way, Ste 300	
CITY-ST-ZIP	~~DENVER CO~~		Englewood, CO 80111	
TITLE	D	☐ DELETE	Director	☒ Change ☐ Addition
NAME	WEINSTEIN, MARK		Barry H. Rumack, MD	
STREET ADDRESS	FIVE PARAGON DRIVE		6200 S. Syracuse, Ste 300	
CITY-ST-ZIP	MONTVALE NJ		Englewood, CO 80111	
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	CHIPPARI, V.A.			
STREET ADDRESS	ONE STATION PLACE			
CITY-ST-ZIP	STAMFORD CT			
TITLE	ST	☐ DELETE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	CARNEY, J.		James D. Carney	
STREET ADDRESS	~~600 GRANT STREET~~		6200 S. Syracuse Way, Ste. 300	
CITY-ST-ZIP	~~DENVER CO~~		Englewood, CO 80111	

14. I, the undersigned, 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)(k), 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 or is attached or on an attachment with an address.

SIGNATURE: [signature] James D. Carney 1/24/96 303-486-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)