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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 03/27/1987	3a. Date of Last Report: 02/14/1996
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SHELTON, J.W.	1.2 NAME	James Worden Paul
STREET ADDRESS	ONE STATION PLACE	1.3 STREET ADDRESS	One Station Place
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	CD ☒ DELETE	2.1 TITLE	COB/D ☐ Change ☒ Addition
NAME	SNESIL, N.R.	2.2 NAME	William A Schlegel
STREET ADDRESS	FIVE PARAGON DRIVE	2.3 STREET ADDRESS	Five Paragon Drive
CITY-ST-ZIP	MONTVALE NJ	2.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	PCEO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WINOKUR, MARILYN	3.2 NAME	
STREET ADDRESS	6200 S SYRACUSE WAY STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	WEINSTEIN, MARK	4.2 NAME	Michael S Harris
STREET ADDRESS	FIVE PARAGON DRIVE	4.3 STREET ADDRESS	One Station Place
CITY-ST-ZIP	MONTVALE NJ	4.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	D ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	CHIPPARI, V.A.	5.2 NAME	Barry H Rumack, M.D.
STREET ADDRESS	ONE STATION PLACE	5.3 STREET ADDRESS	6200 S Syracuse Way Ste 300
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE	ST ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARNEY, JAMES D	6.2 NAME	
STREET ADDRESS	6200 S SYRACUSE WAY STE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: James D. Carney 3/10/97 303-486-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #