

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90010 039 ***150.00

DOCUMENT # P13803

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1987

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE D
NAME NOBLE, RICK
STREET ADDRESS 6200 S. SYRACUSE WAY STE. 300
CITY-ST-ZIP ENGLEWOOD CO 80111-4740

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE COBD
NAME SCHLEGEL, WILLIAM A.
STREET ADDRESS FIVE PARAGON DRIVE
CITY-ST-ZIP MONTVALE NJ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PCEO
NAME WINOKUR, MARILYN
STREET ADDRESS 6200 S SYRACUSE WAY STE 300
CITY-ST-ZIP ENGLEWOOD CO

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME HARRIS, MICHAEL S.
STREET ADDRESS ONE STATION PLACE
CITY-ST-ZIP STAMFORD CT

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV
NAME HOWERTON, A.C.
STREET ADDRESS 6200 S SYRACUE WAY SUITE 300
CITY-ST-ZIP ENGLEWOOD CO 80111

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST
NAME BATCHOLDER, TED
STREET ADDRESS 6200 S SYRACUSE WAY STE 300
CITY-ST-ZIP ENGLEWOOD CO 80111

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

T. S. Batchelder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-30-99 303-486-8400

CR2E034 (11/98)