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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P21870 (1)

1. Corporation Name  
ROCHE DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business  
C/O S. FAULKNER, BRANCHBURG TOWNSHIP  
1000 U. S. HIGHWAY 202  
SOMERVILLE NJ 08876-3771  
US

Mailing Address  
C/O K. DRAGOS  
340 KINGSLAND ST  
NUTLEY NJ 07110-1150



3. Date Incorporated or Qualified 11/23/1988	3a. Date of Last Report 05/24/1996
4. FEI Number 22-2844947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	PD
NAME	TOWEY, ROBERT	1.2 NAME	Medici, C.
STREET ADDRESS	340 KINGSLAND ST	1.3 STREET ADDRESS	1080 U.S. Highway 202
CITY - ST - ZIP	NUTLEY NJ	1.4 CITY - ST - ZIP	Somerville, NJ 08876
TITLE	T	2.1 TITLE	
NAME	HENNRICH, W.L.	2.2 NAME	
STREET ADDRESS	340 KINGSLAND ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NUTLEY NJ	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	CHOMA, A	3.2 NAME	
STREET ADDRESS	1080 U.S. Highway 202	3.3 STREET ADDRESS	
CITY - ST - ZIP	Somerville, NJ 08876	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	KENTZ, FREDERICK C	4.2 NAME	
STREET ADDRESS	340 KINGSLAND ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	NUTLEY NJ	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	ZENNER, PATRICK J	5.2 NAME	
STREET ADDRESS	340 KINGSLAND ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	NUTLEY NJ	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	STADLER, M.F.	6.2 NAME	
STREET ADDRESS	340 KINGSLAND ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	NUTLEY NJ	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 201 235-4596

CR2E034 (9/96)