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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90126 005 ***150.00

0315062

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P29417

1. Corporation Name
HOME DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
2400 NW 55TH COURT FT. LAUDERDALE FL 33309-2676 US	2400 NW 55TH COURT FT. LAUDERDALE FL 33309-2676 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1990

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 24 Country 25	Zip 29 Country 30

4. FEI Number: 22-2594392 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

SCHNEIDER, JON
~~2600 NW 55TH CT~~
~~STE 239~~
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2400 NW 55th CT

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	HOLLEY, GEORGE		1.2 NAME		
STREET ADDRESS	131 DANBURY ROAD		1.3 STREET ADDRESS	One Trefoil Drive	
CITY-ST-ZIP	WILTON CT 06897		1.4 CITY-ST-ZIP	Trumbull, CT 06611	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SALEM, ROBERT		2.2 NAME		
STREET ADDRESS	131 DANBURY ROAD		2.3 STREET ADDRESS	One Trefoil Drive	
CITY-ST-ZIP	WILTON CT 06897		2.4 CITY-ST-ZIP	Trumbull, CT 06611	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHNEIDER, JON		3.2 NAME		
STREET ADDRESS	2600 NW 55TH CT STE 239		3.3 STREET ADDRESS	2400 NW 55th CT	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	S	☐ DELETE	4.1 TITLE	SECRETARY/VICE PRESIDENT	☒ Change ☐ Addition
NAME	SCHWARTZ, BETH K		4.2 NAME		
STREET ADDRESS	2300 NW 55TH CT STE 110		4.3 STREET ADDRESS	2400 NW 55th CT	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	P	☒ DELETE	5.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	HOLLEY, GEORGE		5.2 NAME	JAMES M. CORBETT	
STREET ADDRESS	131 DANBURY ROAD		5.3 STREET ADDRESS	2400 NW 55th CT	
CITY-ST-ZIP	WILTON CT		5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	DONALD PARSON	
STREET ADDRESS			6.3 STREET ADDRESS	666 THIRD AVENUE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NEW YORK, NY 10017	

CR2E034 (11/98)

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: Beth K. Schwartz BETH K. SCHWARTZ, AD Secretary 4/4/99 (954) 677-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Home Diagnostics, Inc.

12. Continued . . .

P29417
444642-90126-5

FEI # 22-2594392

☒ Addition

7.1 TITLE VICE PRESIDENT

7.2 NAME PATTI VAN MATRE

7.3 STREET ADDRESS 2808 WINDSOR DRIVE

7.4 CITY-ST-ZIP MARIETTA, GA 30066

☒ Addition

8.1 TITLE VICE PRESIDENT

8.2 NAME PATRICK CARROLL

8.3 STREET ADDRESS 2400 NW 55th Ct

8.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309