2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P29417

Entity Name: HOME DIAGNOSTICS, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2400 NW 55TH COURT FT. LAUDERDALE, FL 333092676 US **Current Mailing Address: New Mailing Address:** 2400 NW 55TH COURT FT. LAUDERDALE, FL 333092676 US FEI Number: 22-2594392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEIDER, JON 2400 NW 55TH CT. FORT LAUDERDALE, FL 33309 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HOLLEY, GEORGE, HOLLEY, GEORGE Name: Name: ONE TREFOIL DR. ONE TREFOIL DR. Address: Address: City-St-Zip: TRUMBULL, CT 06611 City-St-Zip: TRUMBULL, CT 06611 VΡ Title: Title: () Delete () Change () Addition SCHNEIDER, JON Name: Name: 2400 NW 55TH CT Address: Address: FT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SCHWARTZ, BETH K Name: Name: 2400 NW 55 CT Address: Address: City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition PARSON, DONALD Name: Name: Address: 230 PARK AVENUE Address: City-St-Zip: NEW YORK, NY 101690079 City-St-Zip: Title: Title: () Delete () Change () Addition DAMRON, J.RICHARD JR Name: Name: 2400 NW 55TH CT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BETH K. SCHWARTZ S 05/01/2002

FORT LAUDERDALE, FL 33309

City-St-Zip: