2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P29417

1. Entity 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

04302004 No Chg-P CR2E034 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JON
2400 NW 55TH CT.
FORT LAUDERDALE, FL 33309

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HOLLEY, GEORGE
STREET ADDRESS	ONE TREFOIL DR.
CITY-ST-ZIP	TRUMBULL, CT 06611
TITLE	VP
NAME	SCHNEIDER, JON
STREET ADDRESS	2400 NW 55TH CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	S
NAME	SCHWARTZ, BETH K
STREET ADDRESS	2400 NW 55 CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	D
NAME	PARSON, DONALD
STREET ADDRESS	230 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 101690079
TITLE	P
NAME	DAMRON, J.RICHARD JR
STREET ADDRESS	2400 NW 55TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80082-010 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth K Schwartz as C/O Chief Financial Officer 4/30/04 (954) 677-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #