FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31445 (0)

1. Corporation Name

MDS OF NEW JERSEY, INC.

Principal Place of Business
11835 N PENNSYLVANIA STREET
C2D
CARMEL IN 46032

Mailing Address
11835 N PENNSYLVANIA STREET
C2D
CARMEL IN 46032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1990
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: 22-2898228 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	P
NAME	LEONARD, ROBERT C
STREET ADDRESS	301 GIBRALTAR DR. STE. 2A
CITY-ST-ZIP	MORRIS PLAINS NJ 07950
TITLE	V
NAME	CORSI, JEROME
STREET ADDRESS	116 BURNHAM ROAD
CITY-ST-ZIP	MORRIS PLAINS NJ
TITLE	M
NAME	GABRIEL, JONATHAN P
STREET ADDRESS	7 DOGWOOD DRIVE
CITY-ST-ZIP	NESHANIC STATION NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[X] Change ☐ Addition
1.2 NAME	Leonard, Robert C.	
1.3 STREET ADDRESS	11815 N. Pennsylvania Street	
1.4 CITY-ST-ZIP	Carmel, IN 46032	
2.1 TITLE	EVP, Production Director	[X] Change ☐ Addition
2.2 NAME	Garvin, Gregory J.	
2.3 STREET ADDRESS	301 Gibraltar Drive, Suite 2A	
2.4 CITY-ST-ZIP	Morris Plains, New Jersey 07950	
3.1 TITLE	Managing Director	[X] Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Chief Financial Officer	☐ Change [X] Addition
4.2 NAME	Portner, Fred E.	
4.3 STREET ADDRESS	301 Gibraltar Drive, Suite 2A	
4.4 CITY-ST-ZIP	Morris Plains, New Jersey 07950	
5.1 TITLE	EVP, Tele Sales Director	☐ Change [X] Addition
5.2 NAME	Swartwood, Slater	
5.3 STREET ADDRESS	301 Gibraltar Drive, Suite 2A	
5.4 CITY-ST-ZIP	Morris Plains, New Jersey 07950	
6.1 TITLE	SVP Corporate Taxes	☐ Change [X] Addition
6.2 NAME	Devanney, William T. Jr.	
6.3 STREET ADDRESS	11825 N. Pennsylvania Street	
6.4 CITY-ST-ZIP	Carmel, Indiana 46032	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William T. Devanney, Jr. 4/11/95 317-817-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470478 FP