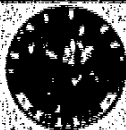


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31628

(1)

1. Corporation Name

INSTROMEDIX, INC.

Principal Place of Business

7031 NORTHEAST EVERGREEN PARKWAY, #120
HILLSBORO OR 97124

Mailing Address

7431 NORTHEAST EVERGREEN PARKWAY, #120
HILLSBORO OR 97124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1990

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

93-0590078

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

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

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEMLER, GREGG T.
STREET ADDRESS 2878 S.W. GEORGIAN PLACE
CITY-ST-ZIP PORTLAND OR

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
NAME TEMPLE, MICHAEL A.
STREET ADDRESS 15 SPINOSA
CITY-ST-ZIP LAKE OSWEGO OR

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SEMLER, HERBERT J.
STREET ADDRESS 8215 S.W. HAMILTON ST.
CITY-ST-ZIP PORTLAND OR

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SEMLER, SHIRLEY L.
STREET ADDRESS 8215 S.W. HAMILTON ST.
CITY-ST-ZIP PORTLAND OR

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Director
NAME Semler, H. Eric
STREET ADDRESS 301 East 78th St. #6F
CITY-ST-ZIP New York NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE Director
NAME Davis, Peter
STREET ADDRESS 1 Tower Bridge
CITY-ST-ZIP West Conshohocken PA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Temple

Date

Telephone #

503-691-9060