

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31628 (1)

1. Corporation Name
INSTROMEDIX, INC.

Principal Place of Business Mailing Address
7431 NORTHEAST EVERGREEN PARKWAY, #120 7431 NORTHEAST EVERGREEN PARKWAY, #120
HILLSBORO OR 97124 HILLSBORO OR 97124-5898



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 10/29/1990 3a. Date of Last Report 05/01/1996
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 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CEO
NAME	SEMLER, GREGG T.	1.2 NAME	H. SEMLER
STREET ADDRESS	2678 S.W. GEORGIAN PLACE	1.3 STREET ADDRESS	6215 SW HAMILTON ST
CITY-ST-ZIP	PORTLAND OR	1.4 CITY-ST-ZIP	PORTLAND OR
TITLE	VS	2.1 TITLE	SECRETARY
NAME	TEMPLE, MICHAEL A.	2.2 NAME	DAN SULLIVAN
STREET ADDRESS	15 SPINOSA	2.3 STREET ADDRESS	6583 SW 88TH PLACE
CITY-ST-ZIP	LAKE OSWEGO OR	2.4 CITY-ST-ZIP	PORTLAND OR
TITLE	D	3.1 TITLE	PRESIDENT
NAME	SEMLER, HERBERT J.	3.2 NAME	JAMES MAY
STREET ADDRESS	6215 S.W. HAMILTON ST.	3.3 STREET ADDRESS	7016 BENHAM CT
CITY-ST-ZIP	PORTLAND OR	3.4 CITY-ST-ZIP	PORTLAND OR
TITLE	D	4.1 TITLE	JEFFREY GRAYSON, DIRECTOR
NAME	SEMLER, SHIRLEY L.	4.2 NAME	2300 1ST AVE
STREET ADDRESS	6215 S.W. HAMILTON ST.	4.3 STREET ADDRESS	PORTLAND OR
CITY-ST-ZIP	PORTLAND OR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	ALFRED MANN, DIRECTOR
NAME	SEMLER, H. E	5.2 NAME	12744 SAN FERNANDO RD
STREET ADDRESS	301 EAST 78TH ST. #8F	5.3 STREET ADDRESS	SYLMAR CA 91342
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PETER, DAVIS	6.2 NAME	
STREET ADDRESS	1 TOWER BRIDGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CONSHOHOCKEN PA	6.4 CITY-ST-ZIP	

14. I do 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. I changed or in an attachment with an address.

SIGNATURE: [Signature] 7.6.1.97

CR2E034 (9/96)