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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 93-0590078	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	SEMLER, H	1.2 NAME	
STREET ADDRESS	6215 SW HAMILTON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	PRESIDENT
NAME	TEMPLE, MICHAEL A.	2.2 NAME	JAMES E. MAY
STREET ADDRESS	15 SPINOSA	2.3 STREET ADDRESS	7016 SW BENHAM CT
CITY - ST - ZIP	LAKE OSWEGO OR	2.4 CITY - ST - ZIP	PORTLAND OR 97225
TITLE	D	3.1 TITLE	
NAME	SEMLER, HERBERT J.	3.2 NAME	
STREET ADDRESS	6215 S.W. HAMILTON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	SEMLER, SHIRLEY L.	4.2 NAME	
STREET ADDRESS	6215 S.W. HAMILTON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	SECRETARY
NAME	SULLIVAN, DAN	5.2 NAME	SHELL SEMLER
STREET ADDRESS	6583 SW 88TH PLACE	5.3 STREET ADDRESS	6215 SW HAMILTON ST.
CITY - ST - ZIP	PORTLAND OR	5.4 CITY - ST - ZIP	PORTLAND OR 97221
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 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 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]* 4-17-98 503-681-9000

CR2E034 (10/97)