SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35265** **(8)**

1. Corporation Name
COROMETRICS MEDICAL SYSTEMS, INC.

Mailing Address
61 BARNES PARK ROAD, NORTH
WALLINGFORD CT 06492

Principal Place of Business
61 BARNES PARK ROAD, NORTH
WALLINGFORD CT 06492

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1991**
3a. Date of Last Report: **05/01/1993**

2. Mailing Address 21
2a. Principal Place of Business 26
4. FEI Number: **13-2806453** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired: **$8.75** Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State 23
City & State 28
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYES STREET**
83: **SUITE 105**
84 City: **TALLAHASSEE** **FL** 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P	See Attached
12 NAME	~~SHEPHERD, JOHN T.~~	
13 STREET ADDRESS	61 BARNES PARK ROAD, N.	
14 CITY-ST-ZIP	WALLINGFORD CT	
21 TITLE	V	
22 NAME	~~BLOUNT, ROBERT G.~~	
23 STREET ADDRESS	685 THIRD AVE.	
24 CITY-ST-ZIP	NEW YORK NY	
31 TITLE	S	
32 NAME	~~EMERLING, CAROL G.~~	
33 STREET ADDRESS	685 THIRD AVENUE	
34 CITY-ST-ZIP	NEW YORK NY	
41 TITLE	T	
42 NAME	~~RYAN, JOHN~~	
43 STREET ADDRESS	61 BARNES PARK ROAD, N.	
44 CITY-ST-ZIP	WALLINGFORD CT	
51 TITLE	V	
52 NAME	SEYMOR, RICHARD E.	
53 STREET ADDRESS	61 BARNES PARK ROAD, N.	
54 CITY-ST-ZIP	WALLINGFORD CT	
61 TITLE	V	
62 NAME	~~VEDRICH, MARIO~~	
63 STREET ADDRESS	61 BARNES PARK ROAD, N.	
64 CITY-ST-ZIP	WALLINGFORD CT	

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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ July 25/1994 203 949 8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COROMETRICS
MEDICAL SYSTEMS, INC.
61 Barnes Park Road North P.O. Box 333 Wallingford, Connecticut 06492-0333 U.S.A. Tel. 203-949-8200 FAX # 203-284-9465

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COROMETRICS MEDICAL SYSTEMS, INC.

Directors:

Timothy Mickelson
John Ryan
Richard E. Seymour
Paul A. Levesque
Mark Stega, M.D.
Mary M. Kabacinski
Melvin S. Newman
Gordon W. Peterson

Officers:

President	Timothy C. Mickelson, 61 Barnes Park Road North, Wallingford, CT 06492
Chief Financial Officer	John Ryan, 61 Barnes Park Road North, Wallingford, CT 06492
Vice President-Sales	Richard E. Seymour, 61 Barnes Park Road North, Wallingford, CT 06492
Vice President-Marketing	Paul A. Levesque, 61 Barnes Park Road North, Wallingford, CT 06492
Vice President and General Manager--QMI Division	Mark Stega, M.D. 200 Harry S. Truman Pkwy, #220, Annapolis, MD 21401
Treasurer	Mary M. Kabacinski, 8200 W. Tower Ave, Milwaukee, WI 53223
Secretary	John Ryan, 61 Barnes Park Road North, Wallingford, CT 06492
Assistant Secretary	Melvin S. Newman, 222 S. Riverside Plz #2700, Chicago, IL 60606
Assistant Secretary	Gordon W. Petersen, 8200 W. Tower Ave, Milwaukee, WI 53223

Federal Tax I.D.# 13-2806453

Principal Place of Business: 61 Barnes Park Road North
Wallingford, CT 06492