SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

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

1. Corporation Name
COROMETRICS MEDICAL SYSTEMS, INC.

FILED
95 AUG -3 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1991**
3a. Date of Last Report: **05/01/1994**

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: **13-2806453** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MICKELSON, TIMOTHY C.	12 NAME		
STREET ADDRESS	61 BARNES PARK ROAD, N.	13 STREET ADDRESS		
CITY-ST-ZIP	WALLINGFORD CT	14 CITY-ST-ZIP		
TITLE	DCFO	21 TITLE	PD	☒ Change ☐ Addition
NAME	RYAN, JOHN	22 NAME	ALLEN, BARRY K.	
STREET ADDRESS	61 BARNES PARK RD., NO.	23 STREET ADDRESS	8200 W. TOWER AVE.	
CITY-ST-ZIP	WALLINGFORD CT	24 CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	DV	31 TITLE	D	☐ Change ☒ Addition
NAME	SEYMOUR, RICHARD E.	32 NAME	CUDAHY, MICHAEL J.	
STREET ADDRESS	61 BARNES PARK RD., NO.	33 STREET ADDRESS	8200 W. TOWER AVE.	
CITY-ST-ZIP	WALLINGFORD CT	34 CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	DV	41 TITLE	S	☐ Change ☒ Addition
NAME	LEVESQUE, PAUL A.	42 NAME	PETERSEN, GORDON W.	
STREET ADDRESS	61 BARNES PARK RD., NO.	43 STREET ADDRESS	8200 W. TOWER AVE.	
CITY-ST-ZIP	WALLINGFORD CT	44 CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	DV	51 TITLE	D	☐ Change ☒ Addition
NAME	STEGA, MARK	52 NAME	COZZENS, WARREN B.	
STREET ADDRESS	61 BARNES PARK ROAD, N.	53 STREET ADDRESS	8200 W. TOWER AVE.	
CITY-ST-ZIP	WALLINGFORD CT	54 CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	DT	61 TITLE		☐ Change ☐ Addition
NAME	KABACINSKI, MARY M.	62 NAME		
STREET ADDRESS	61 BARNES PARK ROAD, N.	63 STREET ADDRESS		
CITY-ST-ZIP	WALLINGFORD CT	64 CITY-ST-ZIP		

CR2E034 (3/95)

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

SIGNATURE: Mary M Kabacinski 7-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178104 PN