

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35265 (8)

1. Corporation Name

COROMETRICS MEDICAL SYSTEMS, INC.



Principal Place of Business

61 BARNES PARK ROAD, NORTH
WALLINGFORD CT 06492

Mailing Address

61 BARNES PARK ROAD, NORTH
WALLINGFORD CT 06492

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1991

3a. Date of Last Report

08/03/1995

4. FE# 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

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD MICKELSON, TIMOTHY C.
61 BARNES PARK ROAD, N.
WALLINGFORD CT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD ALLEN, BARRY K
8200 W TOWER AVE
MILWAUKEE WI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D CUDANY, MICHAEL J
8200 W TOWER AVEN
MILWAUKEE MI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S PETERSON, GORDON W.
8200 W TOWER AVE.
MILWAUKEE WI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COZZENS, WARREN B
8200 W TOWER AVE
MILWAUKEE WI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT KABACINSKI, MARY M.
61 BARNES PARK ROAD, N.
WALLINGFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

700001732797

-03/05/96--01036--016

***200.00

7.1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

8.1 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

9.1 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

10.1 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

11.1 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

12.1 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

13.1 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

14.1 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

15.1 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

16.1 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

17.1 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

18.1 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96

565 3-4-96

CR2E034 (12/95)