

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

FILED

Feb 05 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 # P35265 (8)

1. Corporation Name
COROMETRICS MEDICAL SYSTEMS, INC.



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

Mailing Address
61 BARNES PARK ROAD, NORTH
WALLINGFORD CT 06492

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1991

4. FEI Number

13-2806453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

29

30

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MICKELSON, TIMOTHY C.
STREET ADDRESS 81 BARNES PARK ROAD, N.
CITY-ST-ZIP WALLINGFORD CT

☒ DELETE

TITLE T
NAME KABACINSKI, MARY M
STREET ADDRESS 61 BARNES PARK RD N
CITY-ST-ZIP WALLINGFORD CT

☐ DELETE

TITLE D
NAME CUDANY, MICHAEL J
STREET ADDRESS 8200 W TOWER AVEN
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE S
NAME PETERSON, GORDON W.
STREET ADDRESS 8200 W TOWER AVE.
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE D
NAME NEWMAN, MELVIN S.
STREET ADDRESS 8200 W. TOWER AVE
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Fred Robertson
1.3 STREET ADDRESS 8200 W Tower Ave
1.4 CITY-ST-ZIP Milwaukee WI 53223

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE D
6.2 NAME Frederick G Luber
6.3 STREET ADDRESS 8200 W Tower Ave
6.4 CITY-ST-ZIP Milwaukee, WI 53223

☐ Change ☒ Addition

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 *Timothy C. Mickelson*

1-15-98

(111) 355-5500

CR2E034 (10/97)