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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P38123** **(6)**

1. Corporation Name
DOBI-SYMPLEX, INC.

Principal Place of Business	Mailing Address
DOBI-SYMPLEX 2360 CLARK ST. APOPKA FL 32703 US	7700 OLD GEORGETOWN RD BETHESDA MD 20814-6100 US

3. Date Incorporated or Qualified: 03/31/1992
3a. Date of Last Report: 05/01/1996

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: 52-1770022 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CHARRETTE, EDMOND		1.2 NAME	COOPER, THOMAS	
STREET ADDRESS	304 CAMBRIDGE RD.		1.3 STREET ADDRESS	7855 IVANHOE AVE., STE. 200	
CITY-ST-ZIP	WOBURN MA 01801		1.4 CITY-ST-ZIP	LA JOLLA, CA 92037	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HELLMUTH, JAMES B		2.2 NAME	MARKEY, LUCILLE	
STREET ADDRESS	270 PARK AVE. 5TH FLOOR		2.3 STREET ADDRESS	525 MIDDLEFIELD RD., STE. 130	
CITY-ST-ZIP	NEW YORK NY 10017-2070		2.4 CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STEIN, RICHARD A.		3.2 NAME	MCKEEVER, DANIEL A.	
STREET ADDRESS	7700 OLD GEORGETOWN RD. 2ND FLOOR		3.3 STREET ADDRESS	P.O. BOX 406 N/A	
CITY-ST-ZIP	BETHESDA MD 20814		3.4 CITY-ST-ZIP	ALPHARETTA, GA 30239-0406	
TITLE	PD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SABEL, IVAN		4.2 NAME	THRANHARDT, H.E.	
STREET ADDRESS	7700 OLD GEORGETOWN RD. 2ND FLOOR		4.3 STREET ADDRESS	P.O. BOX 406 N/A	
CITY-ST-ZIP	BETHESDA MD 20814		4.4 CITY-ST-ZIP	ALPHARETTA, GA 30239-0406	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BLUTT, MITCHELL M		5.2 NAME	BLUTT, MITCHELL M.	
STREET ADDRESS	270 PARK AVE, 5TH FLOOR		5.3 STREET ADDRESS	380 MADISON AVE., 12TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017-2070		5.4 CITY-ST-ZIP	NEW YORK, NY 10017-2070	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MCNERNEY, WALTER		6.2 NAME	HELLMUTH, JAMES B.	
STREET ADDRESS	2001 SHERIDAN RD. RM 3080		6.3 STREET ADDRESS	380 MADISON AVE, 12TH FLOOR	
CITY-ST-ZIP	EVANSTON IL 60208-2007		6.4 CITY-ST-ZIP	NEW YORK, NY 10017-2070	

CR2E034 (9/96)

14. I do 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: [illegible] RICHARD STEIN 4/3/97 (301)986-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008558