FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 12 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38255** **(6)**

1. Corporation Name
LIFELINE SYSTEMS, INC.

Principal Place of Business	Mailing Address
640 MEMORIAL DR CAMBRIDGE MA 02139 US CAMBRIDGE	640 MONORIAL DR ~~CAMBRIDGE~~ MA 02172 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/09/1992	3a. Date of Last Report: 05/24/1994
4. FEI Number: 04-2537528	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: CAMBRIDGE
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.,
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400001439944
-05/17/95--01018--010
****225.00 ****225.00

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	CP	11 TITLE		☒ Change ☐ Addition
NAME	FEINSTEIN, RONALD	12 NAME		
STREET ADDRESS	~~ONE ARSENAL MARKETPLACE~~	13 STREET ADDRESS	640 Memorial Drive	
CITY ST ZIP	WATERTOWN MA	14 CITY ST ZIP	Cambridge, MA 02139	
TITLE	V	21 TITLE	✓	☒ Change ☐ Addition
NAME	BARRY, KATHLEEN A.	22 NAME	Dennis H. Hurley	
STREET ADDRESS	~~ONE ARSENAL MARKETPLACE~~	23 STREET ADDRESS	640 Memorial Drive	
CITY ST ZIP	WATERTOWN MA	24 CITY ST ZIP	Cambridge, MA 02139	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	GUGLIOTTA, JOHN D.	32 NAME		
STREET ADDRESS	~~ONE ARSENAL MARKETPLACE~~	33 STREET ADDRESS	640 Memorial Drive	
CITY ST ZIP	WATERTOWN MA	34 CITY ST ZIP	Cambridge, MA 02139	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	STRANGE, DONALD G	42 NAME		
STREET ADDRESS	~~ONE ARSENAL MARKETPLACE~~	43 STREET ADDRESS	640 Memorial Drive	
CITY ST ZIP	WATERTOWN MA	44 CITY ST ZIP	Cambridge, MA 02139	
TITLE	C	51 TITLE		☒ Change ☐ Addition
NAME	SHAPIRO, L. DENNIS	52 NAME		
STREET ADDRESS	~~ONE ARSENAL MARKETPLACE~~	53 STREET ADDRESS	640 Memorial Drive	
CITY ST ZIP	~~WATERTOWN MA~~	54 CITY ST ZIP	Cambridge, MA 02139	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, EVERETT N	62 NAME		
STREET ADDRESS	100 MAIN ST.	63 STREET ADDRESS		
CITY ST ZIP	CONCORD MA	64 CITY ST ZIP		

5/12

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: _____ Asst. Treasurer 4/28/95 617/679-1000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475248 FP