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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P38255

OK

Lifeline Systems, Inc.

Principal Place of Business

Mailing Address

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90119 031 ***150.00

Through Flace of Bushless										
111 Lawrence Street				111 Lawrence Street				·		
Framingham, MA 01702				Framingham, MA 01				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								04/09/1992		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For	,	
21	21			26				04-2537528 Not Applicable	ıble	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additiona	ı	
22	22			27				Fee Required		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution		
	Zip Country			Zip Cou			,	8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
		· - · · · · · · · · · · · · · · · · · · ·				81	Name			
CT Corporation System 1200 South Pine Island Road					L.		The second secon			
					82	Street Address (P.O. Box Number is Not Acceptable)				
Plantation, FL 33324					83					
rrancacron, in 33324						"				
						84	City	FI 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition □ DELETE 1.1 TITLE TITLE Feinstein, Ronald 1.2 NAME NAME STREET ADDRESS 111 Lawrence Street 1.3 STREET ADDRESS Framingham, MA 01702 1.4 CITY-ST-ZIP CITY-ST-7IP ☐ Addition DELETE Change 2.1 TITLE TITLE ۲7 2.2 NAME NAME Hurley, Dennis M 2.3 STREET ADDRESS STREET ADDRESS 111 Lawrence Street CITY-ST-ZIP Framingham, MA 01702 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3 2 NAME NAME Gugliotta, John D. 3.3 STREET ADDRESS STREET ADDRESS 111 Lawrence Street 3.4. CITY-ST-ZIP CITY - ST - ZIP Framingham, MA 01702 Addition DELETE Change TITLE 4.1 TITLE Strange, Donald G. NAME 4. 2 NAME 4.3 STREET ADDRESS 111 Lawrence Street STREET ADDRESS CITY-ST-ZIP Framingham, MA 01702 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME Shapiro, L. Dennis 5.3 STREET ADDRESS STREET ADDRESS 111 Lawrence Street 5.4 CITY - \$T - 21P CITY - ST - ZIP Framingham, MA 01702 □ DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME Baldwin, Everett N STREET ADDRESS 6.3 STREET ADDRESS 100 Main Street 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE:

SYGNATURE PROLUCED

18/99 508-988-1000

CR2E034 (10/97)