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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:54

DOCUMENT # P38293 (7)

1. Corporation Name
VITAL SIGNS SALES CORPORATION

Principal Place of Business
20 CAMPUS ROAD
TOTOWA NJ 07512

Mailing Address
20 CAMPUS ROAD
TOTOWA NJ 07512

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 22-3158218 — 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALL, TERENCE D.	12 NAME	
STREET ADDRESS	160 LLOYD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WICKER, BARRY	22 NAME	
STREET ADDRESS	75 CHEROKEE COURT	23 STREET ADDRESS	
CITY-ST-ZIP	SPARTA NJ	24 CITY ST ZIP	
TITLE	VT	31 TITLE	☒ Change ☐ Addition
NAME	COLE, LORY	32 NAME	Rory Cole
STREET ADDRESS	445 ALPS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DIMUN, ANTHONY J.	42 NAME	
STREET ADDRESS	3 QUEEN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	EHRENBERG, PETER H.	52 NAME	
STREET ADDRESS	450 WEST END AVE., #4B	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	DIMUN, ANTHONY J.	62 NAME	
STREET ADDRESS	3 QUEEN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	64 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)(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: Rory Cole VP 1/13/95 201-790-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484132 FN