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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(7)

VITAL	SIGNS SALES CORPORATI	ION				
Principal Plac	e of Business	Mailing Address		1 (40)(40) (40) 15(4) (40) (40) (40)	ı minte minti nibil dinti din	11 8/811 1884
20 CAMPUS ROAD 20 CAMPUS ROAD TOTOWA NJ 07512 TOTOWA NJ 07512			DO NOT WRITE	IN THIS SPACE		
				3. Date Incorporated or Qualified		
		· · · · · · · · · · · · · · · · · · ·		04/13/1992		
	face of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
21 Suite Apt	# 016	[26]		22-3158218		ot Applicable
		Suite, Apt #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	Additional equired
		City & State		6. Election Campaign Financing	\$5.00	
23 Zip	Country	28 	Country	Trust Fund Contribution	Added to	
24	25	29	30	 This corporation owes or has paid Personal Property Tax due June : 		angible I
	9. Name and Address of Curre		1001	10. Name and Address of New Reg		
TH	E PRENTICE-HALL CORPORATI	ON SYSTEM, INC.	81 Name		· · · · · · · · · · · · · · · · · · ·	·
	01 HAYS STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)	
SUITE 105						
TALLAHASSEE FL 32301			63			
			84 City		FL 85 Zip (Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblic	02 and 607.1508, Florida Statuti Fof Florida: Such change was a pations of, Section 607.0505, Flo	es, the above-named corporal authorized by the corporal orida Statutes.	poration submits this statement for the pution's board of directors. I hereby accept		s registered registered
SIGNATURE						:
12.	Signature, typed or posted name of registered ag	ertand id out applicable (NOTI ID-DIRECTORS	Flogistored Agent signature requi		DATE	0.11.40
TITLE	PO	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	WALL, TERENCE D.	DECT.	1,2 NAME		Onlings	
STREET ADDRESS	160 LLOYD ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTCLAIR NJ		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	WICKER, BARRY		2.2 NAME			
STREET ADDRESS	75 CHEROKEE COURT		2.3 STREET ADDRESS			
City-St-ZiP	SPARTA NJ		2. 4 CITY - ST - ZIP			ĺ
TITLE	Vī	DELETE	3.1 TITLE		Change	☐ Addition
NAME	COLE, RORY		32 NAME			
STREET ADDRESS	445 ALPS ROAD		3 3 STREET ADDRESS			
CITY-ST-ZIP	WAYNE NJ		3 4. CITY-ST-ZIP			
TITLE	SD SHALLS AND AND A	☐ DELETE	4.1 TITLE		☐ Change	L. Addition
NAME	DIMUN, ANTHONY J.		4 2 NAME			
STREET ADDRESS	3 QUEEN ROAD EAST BRUNSWICK NJ		43 STREET ADDRESS			
CITY-ST-ZIP TITLE	AS BRUNSWICK NJ	DELETE	4.4 CiTY+ST-ZiP		T Observe	- Addition
NAME	EHRENBERG, PETER H.	ן שנונונ	51 TITLE		☐ Change	☐ Addition
STREET ADDRESS	450 WEST END AVE., #4B		5.2 NAME			
I	NEW YORK NY		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	AT	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change	Addition
NAME	DIMUN, ANTHONY J.	- Direct	6.2 NAME		Change	
STREET ADDRESS	3 QUEEN ROAD		6.3 STREET ADDRESS	•		
Times ribbillion	EACT DRINGHACK ALL	_	0.3 3 INCCT ADDITIESS	•		

illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Feb 09 1998 8:00am

Secretary of State