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

95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39289** **(4)**

1. Corporation Name

HEALTH AND SCIENCES RESEARCH INCORPORATED

Principal Place of Business	Mailing Address
401 SOUTH VAN BRUNT STREET ENGLEWOOD NJ 07631	25 BIRCH ST. MILFORD MA 01757 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1992**

3a. Date of Last Report: **07/01/1994**

2. Principal Place of Business
21: 11770 BERNARDO PLZ
22: SUITE 270
23: SAN DIEGO, CA
24: 92128 25:

2a. Mailing Address
26:
27:
28:
29: 30:

4. FEI Number: **22-3173441** ☐ 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 files jointly for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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 Section 607.0505 and F.S., 1968 Florida Statutes, the above named corporation submits the 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	TITLE	☒ Change ☐ Addition
NAME	SHEDD, STEVEN T	NAME	
STREET ADDRESS	25 BIRCH STREET	STREET ADDRESS	NO LONGER ON OFFICER W. THE COMPANY
CITY ST ZIP	MILFORD MA 01757	CITY ST ZIP	
TITLE	T	TITLE	V ☒ Change ☐ Addition
NAME	GREEN, JOHN B	NAME	
STREET ADDRESS	25 BIRCH STREET	STREET ADDRESS	
CITY ST ZIP	MILFORD MA 01757	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	WIRTH, PETER	NAME	
STREET ADDRESS	ONE BEACON STREET	STREET ADDRESS	
CITY ST ZIP	BOSTON MA 02108	CITY ST ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	BALDRIDGE, ROBERT	NAME	NO LONGER A OFFICER WITH THE COMPANY
STREET ADDRESS	25 BIRCH STREET	STREET ADDRESS	
CITY ST ZIP	MILFORD MA 01757	CITY ST ZIP	
TITLE	D	TITLE	P/D ☒ Change ☐ Addition
NAME	NIEMI, STEVEN	NAME	
STREET ADDRESS	25 BIRCH STREET	STREET ADDRESS	
CITY ST ZIP	MILFORD MA 01757	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my electronic 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 above, or on an attachment with an address.

SIGNATURE: _____ 1-24-95 305 476 0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0474910 FP