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 18 PM 2:43

DOCUMENT # F93000000512 (4)

1. Corporation Name
QUANTACHROME CORPORATION

Principal Place of Business
5700 CORPORATE DRIVE
BOYNTON BEACH FL 33437

Mailing Address
5700 CORPORATE DRIVE
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1900 Corporate Drive
Suite, Apt. #, etc.
22
City & State
23 Boynton Beach FL
Zip
24 33426
Country
25 USA

2a. Mailing Address
26 1900 Corporate Drive
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach, FL
Zip
29 33426
Country
30 USA

4. FEI Number: 11-2161663 ☐ 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

9. Name and Address of Current Registered Agent

LOWELL, SEYMOUR DR.
5700 CORPORATE DRIVE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: Dr. Seymour Lowell
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Corporate Drive
83
84 City: Boynton Beach FL
85 Zip Code: 33426

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 [signature] 1-10-95
Signature, typed or printed name of registered agent and title if applicable — DATE
Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	CPD ☐ Change ☐ Addition
NAME	LOWELL, SEYMOUR DR.	12 NAME	
STREET ADDRESS	4786 EXETER ESTATE LANE	13 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	14 CITY ST ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	HERLING, HERBERT	22 NAME	
STREET ADDRESS	3315 HARBOR POINT ROAD	23 STREET ADDRESS	
CITY ST ZIP	BALDWIN NY 11510	24 CITY ST ZIP	
TITLE	VP	31 TITLE	DV ☐ Change ☐ Addition
NAME	LOWELL, F. SCOTT	32 NAME	
STREET ADDRESS	50 VERNON AVENUE	33 STREET ADDRESS	5533 N. Military Trial
CITY ST ZIP	E. NORWICH NY	34 CITY ST ZIP	Boca Raton FL 33496
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	YOUNG, LAUREN	42 NAME	
STREET ADDRESS	1736 HARBORSIDE CIRCLE	43 STREET ADDRESS	12631 Shoreside Lane
CITY ST ZIP	WELLINGTON FL	44 CITY ST ZIP	Wellington FL 33414
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(k), 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: [signature] Lauren Young 1-10-95 407 731-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437684 FP