

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010165

Entity Name: QUANTACHROME CORPORATION

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

1900 CORPORATE DR.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1900 CORPORATE DR.
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 11-2161663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWELL, F. SCOTT
1900 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LOWELL, SEYMOUR
Address: 1944 FLAGLER ESTATES DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P () Delete
Name: LOWELL, F. SCOTT
Address: 203 GROVE WAY
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: SPECTOR, LAUREN
Address: 7810 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S () Delete
Name: HERLING, HERBERT
Address: 16076 VIA MONTERERDE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN SPECTOR

MS

02/14/2008

Electronic Signature of Signing Officer or Director

Date