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May 6, 1998

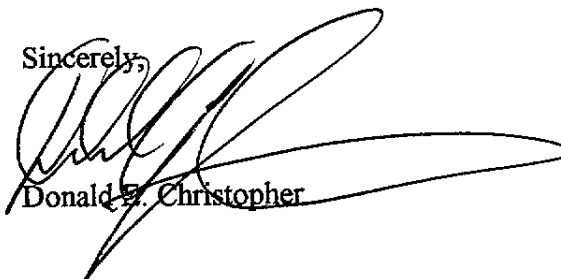
Secretary of State
409 E. Gaines Street
Tallahassee, FL 32399

Re: Price Chopper Wristbands USA

Dear Clerk:

Enclosed please find an original and one copy of the Articles of Amendment to the Articles of Incorporation for Price Chopper Wristbands USA changing the name to Wristbands MedTech USA, Inc. Please file and return a copy to me in the envelope provided. I have enclosed a check in the amount of \$35.00 to cover the filing fee. If you have any questions, please do not hesitate to contact me.

Sincerely,



Donald W. Christopher

DEC:mvt
Enclosures

600002519016--0

-05/11/98--01109--021

*****35.00 *****35.00

n/c Amend

Joe 5/18

FILED
98 MAY 11 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
PRICE CHOPPER WRISTBANDS USA, INC.

FILED
98 MAY 11 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Department of State
Tallahassee, Florida 32304

Pursuant to the provisions of Section 607.1006 of the Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

1. The name of the corporation is Price Chopper Wristbands USA, Inc.
2. The following amendments of the articles of incorporation were adopted on May 6, 1998, in the manner prescribed by the Florida Business Corporation Act by the incorporator without requirement of shareholder consent because no shares have yet been issued:

Article I is amended to read in its entirety:

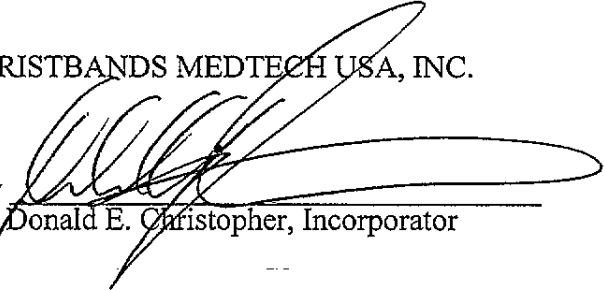
ARTICLE I - NAME OF CORPORATION

The name of this Corporation shall be Wristbands MedTech USA, Inc.

3. Dated May 6, 1998.

WRISTBANDS MEDTECH USA, INC.

By


Donald E. Christopher, Incorporator

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared this 6th day of May, 1998, Donald E. Christopher who is personally known to me and who acknowledged executing the foregoing instrument as the sole incorporator of Price Chopper Wristbands USA, Inc., and who did not take an oath.



Notary Public [signature]

MARIE V. TOWNSEND

[Name of notary public typed or printed]

Commission No.: _____

My Commission Expires:

