

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73503

1. Entity Name

RED-MEDICAL ALERT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 047 ***150.00

Principal Place of Business

Mailing Address

10400 FERNWOOD RD
DEPT 924.13
BETHESDA MD 20817
US

10400 FERNWOOD RD
DEPT. 924.13
BETHESDA MD 20817-1109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0364728**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JOHNSON, PAUL E JR**
STREET ADDRESS **MARRIOTT DR, DEPT 92413**
CITY-ST-ZIP **WASHINGTON DC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SHAW, WILLIAM J**
STREET ADDRESS **MARRIOTT DR, DEPT 92413**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VP** ☒ Change ☐ Addition
NAME **M. LESTER PULSE JR.**
STREET ADDRESS **10400 FERNWOOD ROAD**
CITY-ST-ZIP **BETHESDA, MD. 20817**

TITLE **T** ☐ Delete
NAME **MORROW, TERRENCE P**
STREET ADDRESS **MARRIOTT DR, DEPT 92413**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **T.** ☒ Change ☐ Addition
NAME **PAUL E. JOHNSON JR.**
STREET ADDRESS **10400 FERNWOOD ROAD**
CITY-ST-ZIP **BETHESDA, MD. 20817**

TITLE **S** ☒ Delete
NAME **MCGLOCKTON, JOAN R**
STREET ADDRESS **MARRIOTT DR, DEPT 92413**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **SC** ☒ Change ☐ Addition
NAME **WILLIAM DAVID MANN**
STREET ADDRESS **10400 FERNWOOD ROAD**
CITY-ST-ZIP **BETHESDA, MD. 20817**

TITLE **AS** ☐ Delete
NAME **BENZ, NANCY L**
STREET ADDRESS **MARRIOTT DR, DEPT 92413**
CITY-ST-ZIP **WASHINGTON DC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **RYAN, JOSEPH**
STREET ADDRESS **MARRIOTT DR DETP. 924.13**
CITY-ST-ZIP **WASHINGTON DC 20058**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ 4/12/00 (301) 380-8742

Date

Daytime Phone #