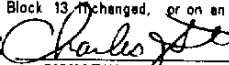


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995 x 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																									
DOCUMENT # 833444 1. Corporation Name <p style="text-align: center;">The Bionetics Corporation</p>																																																											
Principal Place of Business <p style="text-align: center;">2 Eaton Street, Harbour Centre Building Tenth Floor, Suite 1000 Hampton, VA 23669</p>		Mailing Address Same <p style="text-align: center;">2 Eaton Street, Harbour Centre Building Tenth Floor, Suite 1000 Hampton, VA 23669</p>																																																									
		DO NOT WRITE IN THIS SPACE																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		3. Date Incorporated or Qualified <p style="text-align: center;">7/26/73</p> 3a. Date of Last Report <p style="text-align: center;">2/24/95</p>																																																									
2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number <p style="text-align: center;">95-2572691</p> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																									
9. Name and Address of Current Registered Agent <p style="text-align: center;">Charles B. Sammet Mail Code TBC, LIF Building Kennedy Space Center, FL 32899</p>		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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">11 TITLE</td> <td style="width:70%;">President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td>Charles J. Stern</td> </tr> <tr> <td>13 STREET ADDRESS</td> <td>142 Moline Drive</td> </tr> <tr> <td>14 CITY - ST - ZIP</td> <td>Newport News, VA 23606</td> </tr> <tr> <td>21 TITLE</td> <td>Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td>Janice M. Kennard</td> </tr> <tr> <td>23 STREET ADDRESS</td> <td>236 Dominion Drive</td> </tr> <tr> <td>24 CITY - ST - ZIP</td> <td>Newport News, VA 23602</td> </tr> <tr> <td>31 TITLE</td> <td>Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td>Wm. Curtis Henley III</td> </tr> <tr> <td>33 STREET ADDRESS</td> <td>4 Overton Drive</td> </tr> <tr> <td>34 CITY - ST - ZIP</td> <td>Hampton, VA 23666</td> </tr> <tr> <td>41 TITLE</td> <td></td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td>800001786518 <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td>-04/19/96--01010--021</td> </tr> <tr> <td>63 STREET ADDRESS</td> <td>***200.00</td> </tr> <tr> <td>64 CITY - ST - ZIP</td> <td></td> </tr> </table>		11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME	Charles J. Stern	13 STREET ADDRESS	142 Moline Drive	14 CITY - ST - ZIP	Newport News, VA 23606	21 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME	Janice M. Kennard	23 STREET ADDRESS	236 Dominion Drive	24 CITY - ST - ZIP	Newport News, VA 23602	31 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME	Wm. Curtis Henley III	33 STREET ADDRESS	4 Overton Drive	34 CITY - ST - ZIP	Hampton, VA 23666	41 TITLE		42 NAME		43 STREET ADDRESS		44 CITY - ST - ZIP		51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY - ST - ZIP		61 TITLE	800001786518 <input type="checkbox"/> Addition	62 NAME	-04/19/96--01010--021	63 STREET ADDRESS	***200.00	64 CITY - ST - ZIP	
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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, unchanged, or on an attachment with an address.																																																											
SIGNATURE: 		Charles J. Stern, President 4/4/96 (804) 722-0330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																									