

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 28 1997 8:00am
Secretary of State

DOCUMENT # 833444

(3)

1. Corporation Name

THE BIONETICS CORPORATION

Principal Place of Business

2 EATON STREET - HARBOUR CENTRE BUILDING
TENTH FLOOR, SUITE 1000
HAMPTON VA 23669

Mailing Address

2 EATON STREET - HARBOUR CENTRE BUILDING
TENTH FLOOR, SUITE 1000
HAMPTON VA 23669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1974

3a. Date of Last Report

04/18/1996

4. FEI Number

95-2572691

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 11833 CANYON BLVD.

Suite, Apt. #, etc.

22 100

City & State

23 Newport News, VA

Zip

24 23606

Country

25 USA

2a. Mailing Address

26 11833 CANYON BLVD.

Suite, Apt. #, etc.

27 100

City & State

28 Newport News, VA

Zip

29 23606

Country

30 USA

9. Name and Address of Current Registered Agent

SAMMET, CHARLES B
MAIL CODE TBC CIF BLDG
KENNEDY SPACE CTR FL 32899

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

TITLE ☐ DELETE

P
NAME STERN, CHARLES J
STREET ADDRESS 142 MOLINE DR ET
CITY-ST-ZIP NEWPORT NEWS VA 23806

TITLE ☐ DELETE

SD
NAME KENNARD, JANICE M
STREET ADDRESS 236 DOMINION DR
CITY-ST-ZIP NEWPORT NEWS VA 23802

TITLE ☐ DELETE

TD
NAME HENLEY, WM. CURTIS III
STREET ADDRESS 4 OVERTON DR
CITY-ST-ZIP HAMPTON VA 23666

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Charles J. Stern

8/11/97 (757) 873-0900

CR2E034 (4/97)