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|--|--|---|---|-------------------------|-----------|----------------------------|------|-----------------|-------------------------|----------------------------|-------|-------------------------|
| <b>No. 65472</b>   | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1,   |   | ISSUED: 10-31-1982<br>2. Registered Agent and Office NOT A P.O. BOX<br><b>JAKE W. PETERSON</b><br><b>2309 MOUNTAIN VIEW DRIVE</b><br><br><b>BOISE ID 83704 0000</b> |                         |           |                            |      |                 |                         |                            |       |                         |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br><b>** FINAL NOTICE **</b><br><b>NO FEE REQUIRED</b> | 1 Mailing Address — Please Correct If Not Correct<br><br><b>METPATH INC.</b><br><b>TAX DEPARTMENT</b><br><b>ONE MALCOLM AVENUE</b><br><br><b>TETERBORO NJ 07608 0000</b> |   | 3. Incorporated Under The Laws<br>of <b>NY</b><br><b>NO: 65472</b>  |                         |           |                            |      |                 |                         |                            |       |                         |
| 4. Names and Addresses of Officers and Directors   |  |   |   |                         |           |                            |      |                 |                         |                            |       |                         |
|  | <u>Name</u>  | <u>Street or P.O. Address</u>   | <u>City</u>   | <u>State</u> <u>Zip</u> |           |                            |      |                 |                         |                            |       |                         |
| President:   | <b>GEORGE F. A. PARNELL</b>  | <b>ONE MALCOLM AVB.</b>   | <b>TETERBORO</b>  | <b>NJ 07608</b>         |           |                            |      |                 |                         |                            |       |                         |
| Secretary:   | <b>B. MARTIN GIBSON</b>  | <b>5 EAST FIFTH ST.</b>   | <b>CORNING</b>  | <b>NY 14830</b>         |           |                            |      |                 |                         |                            |       |                         |
| Directors:   | <b>DOUGLAS VAN CORT</b>  | <b>17 EAST FIFTH ST.</b>  | <b>CORNING</b>  | <b>NY 14830</b>         |           |                            |      |                 |                         |                            |       |                         |
|  | <b>EDWARD PIERSON</b>  | <b>10584 SHAWNE DR.</b>   | <b>CORNING</b>  | <b>NY 14830</b>         |           |                            |      |                 |                         |                            |       |                         |
| 5. Nature of Business<br><br><b>CLINICAL TESTING</b>   |  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table style="width: 100%;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 40%; text-align: center;"><i>Stephen A. Calamari</i></td> <td style="width: 10%;">Date</td> <td style="width: 20%; text-align: center;"><b>10/20/82</b></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;"><b>STEPHEN A. CALAMARI</b></td> <td>Title</td> <td style="text-align: center;"><b>ASST. CONTROLLER</b></td> </tr> </table> |   |                         | Signature | <i>Stephen A. Calamari</i> | Date | <b>10/20/82</b> | Name (Typed or Printed) | <b>STEPHEN A. CALAMARI</b> | Title | <b>ASST. CONTROLLER</b> |
| Signature  | <i>Stephen A. Calamari</i>   | Date  | <b>10/20/82</b>   |                         |           |                            |      |                 |                         |                            |       |                         |
| Name (Typed or Printed)  | <b>STEPHEN A. CALAMARI</b>   | Title   | <b>ASST. CONTROLLER</b>   |                         |           |                            |      |                 |                         |                            |       |                         |