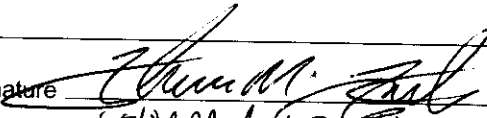


No. <b>C 121557</b>	Due no later than Nov 30, 2000 <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1 Mailing Address - Correct in this box, if applicable MEDINSIGHTS, INC. <del>MELISSA BIREN</del> 9 CAMPUS DR STE 7  PARSIPPANY, NJ 07054	C T CORPORATION SYSTEM 300 N 6TH ST  BOISE, ID 83701  3. <u>New</u> Registered Agent Signature																							
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>JOSEPH M. ZUBRETSKY</td> <td>9 CAMPUS DRIVE</td> <td>PARSIPPANY</td> <td>NJ</td> <td>07054</td> </tr> <tr> <td>S</td> <td>THOMAS JACKSON</td> <td>9 CAMPUS DRIVE</td> <td>PARSIPPANY</td> <td>NJ</td> <td>07054</td> </tr> <tr> <td>D</td> <td>JOSEPH M. ZUBRETSKY</td> <td>9 CAMPUS DRIVE</td> <td>PARSIPPANY</td> <td>NJ</td> <td>07054</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	P	JOSEPH M. ZUBRETSKY	9 CAMPUS DRIVE	PARSIPPANY	NJ	07054	S	THOMAS JACKSON	9 CAMPUS DRIVE	PARSIPPANY	NJ	07054	D	JOSEPH M. ZUBRETSKY	9 CAMPUS DRIVE	PARSIPPANY	NJ	07054
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5. Organized Under the Laws of:  DELAWARE C 121557	6. Signature  Name (Typed or Printed) <u>THOMAS M. JACKSON</u> Date <u>11/21/00</u> Title <u>SECRETARY</u> X <u>True</u>																									