


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90014 014 ***150.00

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|--|-------------------------------------|---|---|--|--|
| DOCUMENT # F05000003265 | | | |  | |
| 1. Entity Name MERETEK DIAGNOSTICS, INC. | | | | | |
| Principal Place of Business 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026 | | | Mailing Address 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 02102006 Chg-P CR2E034 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 13-4044290 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | Pres <i>Pres</i> | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KISHIGAMI, RYUICHI | | NAME | | |
| STREET ADDRESS | 2655 CRESCENT DRIVE SUITE C | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE, CO 80026 | | CITY-ST-ZIP | | |
| TITLE | Director <i>Director</i> | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NONOMURA, HIDEJI | | NAME | | |
| STREET ADDRESS | 2655 CRESCENT DRIVE SUITE C | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE, CO 80026 | | CITY-ST-ZIP | | |
| TITLE | DEVP | <input checked="" type="checkbox"/> Delete | TITLE | <i>Director</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRONDALSKI, TOM | | NAME | <i>Rob SENOR</i> | |
| STREET ADDRESS | 2655 CRESCENT DRIVE SUITE C | | STREET ADDRESS | <i>ONE EMBARCADERO CENTER</i> | |
| CITY-ST-ZIP | LAFAYETTE, CO 80026 | | CITY-ST-ZIP | <i>SAN FRANCISCO CA 94111</i> | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHREIBER, SUE V | | NAME | | |
| STREET ADDRESS | 2655 CRESCENT DRIVE SUITE C | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE, CO 80026 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <i>Director</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KISHIGAMI, RYUICHI | | NAME | <i>DAVID GRAHAM</i> | |
| STREET ADDRESS | 2655 CRESCENT DRIVE SUITE C | | STREET ADDRESS | <i>2002 HOLCOMBE BLVD</i> | |
| CITY-ST-ZIP | LAFAYETTE, CO 80026 | | CITY-ST-ZIP | <i>HOUSTON TX 77030</i> | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UCHIDA, SHUN | | NAME | | |
| STREET ADDRESS | ONE EMBARCADERO CENTER | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94111 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Sue V. Schreiber</i> | | SUE V. SCHREIBER | | 6/5/06 720 479 6404 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

