FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:34

DOCUMENT # P30804 (9)

1. Corporation Name
VARI-X, INC.

Principal Place of Business	Mailing Address
17601 FITCH AVENUE IRVINE CA 92714	17601 FITCH AVENUE IRVINE CA 92714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 9221 Quivira Rd.
22: Suite, Apt. #, etc.
23: City & State: Overland Park, KS
24: Zip: 66215 25: Country

2a. Mailing Address
26: 625 Alaska Ave
27: Suite, Apt. #, etc.
28: City & State: Torrance CA 90502
29: Zip: 90503 30: Country

4. FEI Number: 95-2949907 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TONG, PETER	1.2 NAME	Tong, Peter	
STREET ADDRESS	17601 FITCH AVENUE	1.3 STREET ADDRESS	625 Alaska Ave.	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	Torrance, CA 90503	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOFMANN, DREW	2.2 NAME	Hofmann, Drew	
STREET ADDRESS	175 SELWYN	2.3 STREET ADDRESS	625 Alaska Ave	
CITY-ST-ZIP	BUFFALO GROVE IL	2.4 CITY-ST-ZIP	Torrance, CA 90503	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	WORLEY, JACK	3.2 NAME		
STREET ADDRESS	29451 AUKLET LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAGUNA NIGUEL CA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HALPER, ADRIENNE R.	4.2 NAME	Dann, Norman	
STREET ADDRESS	280 PARK AVENUE	4.3 STREET ADDRESS	5205 Howards Point Road	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Shorewood, MN 55331	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KOPPERL, PAUL B.	5.2 NAME		
STREET ADDRESS	P.O. BOX 301	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST STOCKBRIDGE MA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Jack N. Worley 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0402650 FP