May 14, 1999 8:00 am Secretary of State

05-14-1999 90011 049 ***300.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014247

1. Corporation Name

FARO TECHNOLOGIES, INC.

Principal Place	e of Business	Mailing Address							
125 TECHNOLO	GY PARK	125 TECHNOLOGY PARK							
LAKE MARY FL 32746		LAKE MARY FL 32746				DO NOT WRITE IN THIS SPACE			
							IE IN I III S		
						3. Date Incorporated or Qualifed			:
						12/28/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number			plied For
21		26				59-3157093			ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27						Fee Re	equirea
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country Zip Co			ntry		8. This corporation owes the cur	ent year Inta		_
24	25 2930		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	rgent	
	······································			81	Name				
TRAE	BER, MARTIN A.					ddress (P.O. Box Number is Not Acceptable)			
FOLE	EY & LARDNER		82	Olicot Addres	35 (F.O. BOX Humber to Her Hoop.				
100	N. TAMPA STREET, #2700		l	83					
TAMI	PA FL 33602		ļ	_					
				84	City		FL	85 Zip	Code
-11.0	to the provisions of Sections 607.0502		0 tho ob		namad sama	ration enhants this statement for the			registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	ithorized	by t	he corporation	n's board of directors. I hereby acce	pt the appoin	tment as re	gistered
agent, I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statu	ıtes.					
SIGNATURE							DATE		\
Signature, typed or printed name of registered agent and title if applicable (NOTE: Rec				egistered Agent signature required		when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	7DS IN 12
12.			13.			ADDITIONS/CHANGES TO OF	FICERS AIN	Change	Addition
TITLE	DP	☐ DELETÉ	1.1 TITLE					onlinge	
NAME	Tiveb, Cimore		1.2 NA	ME	1				
STREET ADDRESS	125 TECHNOLOGY PARK		1.3 STREET		ADDRESS				ì
CITY-ST-ZIP	LAKE MARY FL		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	DST □ DELETE 2.11		2.1 TIT	2.1 TITLE				☐ Change	Addition
NAME	FRASER, GREGORY A 22		2.2 NA	2.2 NAME					
STREET ADDRESS	125 TECHNOLOGY PARK		2.3 STREET		ADORESS				İ
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP		r-zip				
TITLE	D DELETE		_	31 TITLE				Change	☐ Addition
NAME	D'AMOURS, HUBERT			3.2 NAME					
1	393 RUE SAINT-JACQUES O #258			3.3 STREET ADDRESS					
STREET ADDRESS				3.4. CITY-ST-ZIP					
CITY-ST-ZIP	MONTREAL QU		-	4.1 TITLE				Change	Addition
TITLE	_								
NAME	COLLEY, PHILIP R			4. 2 NAME					
STREET ADDRESS	4591 HWY 7 E		4.3 ST	4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<u></u>			- ماناناد ال
TITLE				5.1 TITLE				Change	☐ Addition
NAME	JULIEN, ANDRE		5.2 NA						ļ
STREET ADDRESS	1925 32ND AVE		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LACHINE QU		5.4 CI	Y-ST	-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition
NAME			6.2 NA	MÉ					
CTDEET ADDDESS			6.3 ST	REET	ADDRESS				

on 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 r supplemental annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the informatindicated on this annual report officer or director of the corpora Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP