

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001631

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC3946571389**

**Entity Name:** DENTAL IMAGING TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

1910 NORTH PENN ROAD  
HATFIELD, PA 19440

**Current Mailing Address:**

1910 NORTH PENN ROAD  
HATFIELD, PA 19440 US

**FEI Number:** 51-0616037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** CHARLES A. SCHWERTNER

04/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AGHDAEI, AMIR  
Address        1910 NORTH PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            VICE PRESIDENT/SECRETARY  
Name            O'REILLY, JAMES F.  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

Title            VICE PRESIDENT/TREASURER  
Name            MCFADEN, FRANK T.  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

Title            DIRECTOR  
Name            LUTZ, ROBERT S.  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

Title            DIRECTOR  
Name            MCFADEN, FRANK T.  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK T. MCFADEN

**VICE**  
**PRESIDENT/TREASURER**

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date