

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856865 (1)

1. Corporation Name
ATL ULTRASOUND, INC.



Principal Place of Business 22100 BOTHELL EVERETT HWY BOTHELL WA 98021 US	Mailing Address PO BOX 3003 BOTHELL WA 98041-3003 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1983	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 91-0895332	Applied For Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	FL
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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.			
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SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, HARVEY	1.2 NAME	
STREET ADDRESS	22100 BOTHELL EVERETT HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORKS, W BRINTON	2.2 NAME	VS
STREET ADDRESS	22100 OTHELL EVERETT HWY	2.3 STREET ADDRESS	YORKS, W BRINTON
CITY-ST-ZIP	BOTHELL WA	2.4 CITY-ST-ZIP	22100 BOTHELL EVERETT HWY
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILL, DENNIS C	3.2 NAME	
STREET ADDRESS	22100 BOTHELL EVERETT HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, TRACY	4.2 NAME	
STREET ADDRESS	22100 BOTHELL EVERETT HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEM, DONALD	5.2 NAME	VT
STREET ADDRESS	22100 EVERETT HWY	5.3 STREET ADDRESS	RICHARD TOTORICA
CITY-ST-ZIP	BOTHELL WA	5.4 CITY-ST-ZIP	22100 BOTHELL EVERETT HWY
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	PAMELA DUNLAP
CITY-ST-ZIP		6.4 CITY-ST-ZIP	22100 BOTHELL EVERETT HWY

14. I hereby certify that the information 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 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: _____ DATE: **3/31/98** (425) 487-8184

CR2E034 (10/97)