

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90210 020 ***150.00

DOCUMENT # F00000001626

1. Entity Name

ACCU-IMAGE, INC.

Principal Place of Business

~~1290 HAMMERWOOD AVE. SUITE B~~
193 - Commercial St
SUNNYVALE CA 94089
Sunnyvale 94086

Mailing Address

~~1290 HAMMERWOOD AVE. SUITE B~~
193 - Commercial St
SUNNYVALE CA 94089
Sunnyvale, Ca. 94086

2. Principal Place of Business

193 Commercial Street

3. Mailing Address

193 Commercial St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunnyvale CA

City & State

Sunnyvale CA

Zip

94086

Country

USA

Zip

94086

Country

4. FEI Number: **77-0182804**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Robert J. Bennett

Street Address (P.O. Box Number is Not Acceptable)

500 West Airport Blvd. #612

City

SANford

FL

32773

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.

SIGNATURE

Robert J. Bennett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/25/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BENNETT, ANNE H**
 STREET ADDRESS **1290 HAMMERWOOD AVE #B 193 Commercial St**
 CITY-ST-ZIP **SUNNYVALE CA 94089 Sunnyvale Ca. 94086**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **BENNETT, LAWRENCE C.**
 STREET ADDRESS **1290 HAMMERWOOD AVE #B 193 Commercial St**
 CITY-ST-ZIP **SUNNYVALE CA 94089 Sunnyvale Ca. 94086**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne H. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

408-736-9066

Daytime Phone #

CR2E034 (10/00)