2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # F03000004209 1. Entity Name 04-22-2004 90086 050 ***150 00 ISLAND INK-JET SYSTEMS (US) INC. Principal Place of Business Mailing Address T-41 1101 SUPERMALL WAY AUBURN WA 98001 C/O 244 4TH STREET COURTENAY BC CANADA V9N 166 14000001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0628217 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CPST CEO Addition TITLE ☐ Delete TITLE Change NAME PORCHER, CAREY NAME Carey Porcher 1549 KYE BAY RD. STREET ADDRESS STREET ADDRESS 1549 Kye Bay Rd Comox BC Canada Vam 377 CITY-ST-ZIP CITY-ST-ZIP COMOX BC CANACA V9M 3T7 ☐ Change Addition TITLE ☐ Delete TITLE Paul Merrifield NAME NAME STREET ADDRESS STREET ADDRESS 244 4th Street CITY-ST-ZIP CITY-ST-ZIP Courtenay BC Canada Vam 317 SEC ITREAS ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Brian Gibb STREET ADDRESS STREET ADDRESS 244 4th Sheet CITY-ST-ZIP CITY-ST-ZIP Canada Courtenay BC ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. Arn 2/04 250-897-0067
Date Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR