

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90014 014 ***150.00

DOCUMENT # F05000003265 1. Entity Name MERETEK DIAGNOSTICS, INC.					
Principal Place of Business 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026			Mailing Address 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4044290	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Pres NAME KISHIGAMI, RYUICHI STREET ADDRESS 2655 CRESCENT DRIVE SUITE C CITY-ST-ZIP LAFAYETTE, CO 80026	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE Director NAME NONOMURA, HIDEJI STREET ADDRESS 2655 CRESCENT DRIVE SUITE C CITY-ST-ZIP LAFAYETTE, CO 80026	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE DEVP NAME GRONDALSKI, TOM STREET ADDRESS 2655 CRESCENT DRIVE SUITE C CITY-ST-ZIP LAFAYETTE, CO 80026	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Rob SENOR STREET ADDRESS ONE EMBARCADERO CENTER CITY-ST-ZIP SAN FRANCISCO CA 94111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME SCHREIBER, SUE V STREET ADDRESS 2655 CRESCENT DRIVE SUITE C CITY-ST-ZIP LAFAYETTE, CO 80026	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE D NAME KISHIGAMI, RYUICHI STREET ADDRESS 2655 CRESCENT DRIVE SUITE C CITY-ST-ZIP LAFAYETTE, CO 80026	<input type="checkbox"/> Delete		TITLE Director NAME DAVID GRAHAM STREET ADDRESS 2002 HOLCOMBE BLVD CITY-ST-ZIP HOUSTON TX 77030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME UCHIDA, SHUN STREET ADDRESS ONE EMBARCADERO CENTER CITY-ST-ZIP SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sue V. Schreiber</u> SUE V. SCHREIBER <u>6/5/06</u> <u>720 479 6404</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

