

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007117

FILED
Feb 23, 2010
Secretary of State

Entity Name: OPTHALMIC IMAGING SYSTEMS CO.

Current Principal Place of Business:

221 LATHROP WAY, STE I
SACRAMENTO, CA 95815

New Principal Place of Business:

Current Mailing Address:

221 LATHROP WAY, STE I
SACRAMENTO, CA 95815

New Mailing Address:

FEI Number: 94-3035367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOTOS, CHRIS
2862 S.E. CALVIN STREET
PORT LUCIE, FL 94952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: RAM, URI
Address: 221 LATHROP WAY, STE I
City-St-Zip: SACRAMENTO, CA 95815

Title: DCEO
Name: ALLON, GIL
Address: 221 LATHROP WAY, STE I
City-St-Zip: SACRAMENTO, CA 95815

Title: DVS
Name: SHENHAR, ARIEL
Address: 221 LATHROP WAY, STE I
City-St-Zip: SACRAMENTO, CA 95815

Title: CFO
Name: SHENHAR, ARIEL
Address: 221 LATHROP WAY, STE I
City-St-Zip: SACRAMENTO, CA 95815

Title: D
Name: GREER, WILLIAM
Address: 221 LATHROP WAY, STE I
City-St-Zip: SACRAMENTO, CA 95815

Title: D
Name: PHILLIPS, JONATHAN
Address: 221 LATHROP WAY STE I
City-St-Zip: SACRAMENTO, CA 95815

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: ARIEL SHENHAR

CFO

02/23/2010

Electronic Signature of Signing Officer or Director

Date