2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001526

Entity Name: IMRIS INC.

FILED Oct 26, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	SONY PLACE		oc					
VVIININIPE	,IVIAINI I ODA	R3T 1N5, CA	OC					
Current Mailing Address:					New Mailing Address:			
	SONY PLACE 3,MANITOBA	R3T 1N5, CA	OC					
FEI Number	: 98-0473230	FEI Number Applie	d For()	FEI Number	Not Appl	licable ()	Certificate of Statu	s Desired ()
Name and	Address of	Current Registere	d Agent:	Na	me and	Address of I	New Registered A	Agent:
17888 67T	SERVICES, IN TH COURT NO CHEE, FL 33	ORTH						
	named entity e of Florida.	submits this statem	ent for the pu	urpose of ch	anging i	its registered of	office or registered	agent, or both,
SIGNATUI	RE: INCORP	SERVICE INC.						
	Electro	nic Signature of Re	gistered Agei	nt			Date	
		93(2)(b), F.S., the corp		receive the p	rior notic	e.		
		ng Trust Fund Contribu	ıtion ().					
OFFICER	S AND DIREC	CTORS:		AL	DITION	IS/CHANGES	TO OFFICERS A	ND DIRECTORS
Title:	*) Delete		Title		() Change () Addition	
Name: Address:	GRAVES, H. D 48 JAYMORR			Nar Ado	ne: ress:			
City-St-Zip:		ANITOBA R3R 1Y1, CA	ос		-St-Zip:			
					·			
Title:	,) Delete		Title		() Change () Addition	
Name: Address:	LESLIE, DAVII	E HEIGHTS DRIVE		Nar Ado	ne: ress:			
City-St-Zip:		ITARIO R2G 3J8, CA	oc		-St-Zip:			
T:0	\foatie_() D-1-1-		T :0		,) Ob () A	
Title: Name:	VP (RICHMOND, E) Delete :nwarn		Title Nar		() Change () Addition	
Address:	6 PHANTOM F				ress:			
City-St-Zip:	WINNIPEG,MA	ANITOBA R3Y 1Y3, CA	OC	City	-St-Zip:			
Title:	S () Delete		Title	٠.	S (X	८) Change () Addition	
Name:	SABOURIN, R	*		Nar		MCNEILL, KEL		
Address:	GENERAL DE	LIVERY		Ado	ress:	4460 ROBLIN	BLVD	
City-St-Zip:	LONBOW LAK	(E,ON P0X 1H0, CA C	С	City	-St-Zip:	WINNIPEG ME	R3R 0G1, CA OC	
Title:	D () Delete		Title) :	() Change () Addition	
Name:	FRASER, WIL			Nar		`	- 、 /	
Address:	7 KRONSTAL		00		ress:			
City-St-Zip:	WINNIPEG,MA	ANITOBA R2G 3J8, CA	UC	City	-St-Zip:			
Title:	D () Delete		Title	: :	() Change () Addition	
Name:	HOBSON, BLA			Nar		•		
Address:	60 TAWES TR		20		ress:			
City-St-Zip:	KING CITT,ON	NTARIO L7B 1B4, CA	<i></i>	City	-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY MCNEILL CFO 10/26/2009