FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000362 (3)**

1. Corporation Name
ELECTRONICS FOR IMAGING, INC.

Principal Place of Business	Mailing Address
2675 N.E. 191ST STREET SUITE 627 AVENTURA FL 33180	2675 N.E. 191ST STREET SUITE 627 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report: 12/31/94

2. Principal Place of Business (21)
2a. Mailing Address (26): 2855 Campus Drive

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28): San Mateo, CA

Zip (24) / Country (25)
Zip (29): 94403 / Country (30): USA

4. FEI Number: 94-3086355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ARAZI, EFRAIM R	1.2 NAME	
STREET ADDRESS	60 ALTA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, LAWRENCE B	2.2 NAME	
STREET ADDRESS	66 AVALON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	LAZAR, JACK R	3.2 NAME	
STREET ADDRESS	1600 VILLA STREET #353	3.3 STREET ADDRESS	
CITY-ST-ZIP	MTN. VIEW CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FEDERMAN, IRWIN	4.2 NAME	
STREET ADDRESS	2180 SAND HILL ROAD, STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENIO PARK CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GASSEE, JEAN-LOUIS	5.2 NAME	
STREET ADDRESS	445 LOWELL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ADLER, FREDERICK R	6.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE WEST, STE 160-286	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Jack Lazar Assistant Secretary 2/27/95 (415) 286-8600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0107350 CP