FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001993 (5)**

1. Corporation Name

FISCHER IMAGING CORPORATION

Principal Place of Business	Mailing Address
12300 NORTH GRANT STREET THORNTON CO 80241 US	12300 NORTH GRANT STREET THORNTON CO 80241 US

3. Date Incorporated or Qualified: **04/27/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: **36-2756787** ☐ 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 (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	NIELDS, MORGAN W	1.2 NAME	
STREET ADDRESS	4 SUNRISE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KINNEY L	2.2 NAME	
STREET ADDRESS	2084 S. MILWAUKEE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80210	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CABLE, THOMAS J	3.2 NAME	
STREET ADDRESS	777 108TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLIN, CARLA J.	4.2 NAME	
STREET ADDRESS	2599 GINNY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CO	4.4 CITY-ST-ZIP	
TITLE	VT ☒ DELETE	5.1 TITLE	VT ☒ Change ☐ Addition
NAME	SCOTT, RONALD	5.2 NAME	Newcomb, James A.
STREET ADDRESS	5218 IDYLWILD TRAIL	5.3 STREET ADDRESS	5989 Brandywine Ct
CITY-ST-ZIP	BOULDER CO	5.4 CITY-ST-ZIP	Boulder, CO 80301
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: JAMES [illegible] V.P. 01/31/96 303/452-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #