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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001993**

1. Corporation Name
FISCHER IMAGING CORPORATION

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualifed
04/27/1993

4. FEI Number
36-2756787
☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ 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		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	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	80110	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, KINNEY L		2.2 NAME		
STREET ADDRESS	2084 S. MILWAUKEE		2.3 STREET ADDRESS	100 EAST MEADOW DRIVE, #101	
CITY-ST-ZIP	DENVER CO 80210		2.4 CITY-ST-ZIP	VAIL, CO 81657	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CABLE, THOMAS J		3.2 NAME		
STREET ADDRESS	777 108TH AVE		3.3 STREET ADDRESS	203 BELLEVUE WAY NE, #542	
CITY-ST-ZIP	BELLEVUE WA 98004		3.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	WOLIN, CARLA J.		4.2 NAME	KUEHN, HENRY H.	
STREET ADDRESS	2599 GINNY WAY		4.3 STREET ADDRESS	2407 BENNETT AVENUE	
CITY-ST-ZIP	LAFAYETTE CO		4.4 CITY-ST-ZIP	EVANSTON, IL 60201	
TITLE	V	☐ DELETE	5.1 TITLE	VS	☒ Change ☐ Addition
NAME	FEE, WILLIAM C		5.2 NAME		
STREET ADDRESS	244 BERTHOUD TRAILQ		5.3 STREET ADDRESS	244 BERTHOUD TRAIL	
CITY-ST-ZIP	BROONFIELD CO 80020		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BRAGG, DAVID G		6.2 NAME		
STREET ADDRESS	4403 COVECREST DRIVE		6.3 STREET ADDRESS	10040 EAST HAPPY VALLEY ROAD, #207	
CITY-ST-ZIP	SALT LAKE CITY UT 84124		6.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85255	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C Fee — 2/26/99 — 303 452 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)