2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90003 042 ***150.00

DOCUMENT # F93000001993

1. Entity Name

FISCHER IMAGING CORPORATION

C0089675

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 80241-3120 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. *This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.* (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C NIELDS, MORGAN W 4 SUNRISE DR ENGLEWOOD CO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, KINNEY L 100 E MEADOW DR 101 VAIL CO 81657	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHRYN A. PAUL 13867 E. CHENANGO DRIVE AURORA, CO 80015 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABLE, THOMAS J 203 BELLEVUE WAY NE 542 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUEHN, HENRY H 2407 BENNETTI AVE EVANSTON IL 60201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOUIS E. RIVELLI 1952 AMETHYST DRIVE LONGMONT, CO 80501 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FEE, WILLIAM C BENTHOUD TRAIL BROONFIELD CO 80020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MIKE TESIC 2545 BRIARWOOD DRIVE BOULDER, CO 80303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAGG, DAVID G 10040 E HAPPY VALLEY ROAD 207 SCOTTSDALE AZ 85255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 04/28/00 3034504325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #