


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90090 036 ***150.00

DOCUMENT # F94000000362

1. Entity Name
ELECTRONICS FOR IMAGING, INC.



Principal Place of Business Mailing Address
303 VELOCITY WAY **303 VELOCITY WAY**
FOSTER CITY, CA 94404 US **FOSTER CITY, CA 94404 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
94-3086355 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | GECHT, GUY | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | COS | <input checked="" type="checkbox"/> Delete |
| NAME | CUTTS, JOSEPH | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROSENZWEIG, FRED | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GASSEE, JEAN LOUIS | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COGAN, GILL | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | UNTERBERG, THOMAS I | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RITCHIE, JOHN | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUY GECHT | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENE, JAMES S. | |
| STREET ADDRESS | 303 VELOCITY WAY | |
| CITY-ST-ZIP | FOSTER CITY, CA 94404 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN RITCHIE** **4/21/08** **650-357-3089**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #