

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 # F94000001257 (4)

1. Corporation Name

EXPRESSLY PORTRAITS, INC.



Principal Place of Business

Mailing Address

1151 TRITON DRIVE  
SUITE C  
FOSTER CITY CA 94404

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SUITE C  
FOSTER CITY CA 94404

3. Date Incorporated or Qualified  
03/14/1994

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 1157 TRITON DR  
Suite, Apt. #, etc.

26 1157 TRITON DR  
Suite, Apt. #, etc.

4. FEI Number

77-0149366

Applied For  
Not Applicable

22 City & State

27 City & State

23 FOSTER CITY, CA  
Zip Country

28 FOSTER CITY, CA  
Zip Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 94404 25 USA

29 94404 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer 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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE  
NAME JOHONSEN, SUE  
STREET ADDRESS 581 ELM AVENUE  
CITY-ST-ZIP SAN BRUNO CA

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME PETER HARRIS  
1.3 STREET ADDRESS 217 POLHEMUS AVE  
1.4 CITY-ST-ZIP ATHERTON, CA 94027

TITLE VP ☒ DELETE  
NAME BRANDON, JACK  
STREET ADDRESS 61 INVERNESS  
CITY-ST-ZIP HALF MOON BAY CA

2.1 TITLE V.P. ☐ Change ☒ Addition  
2.2 NAME FRANK ROSALES  
2.3 STREET ADDRESS 61 EL CERRITO AVE  
2.4 CITY-ST-ZIP SAN MATEO, CA 94402

TITLE D ☐ DELETE  
NAME HALL, ROBERT  
STREET ADDRESS 343 STATE STREET  
CITY-ST-ZIP ROCHESTER NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JOHNSTON, TOM  
STREET ADDRESS 2501 MCGEE TRAFFIC WAY  
CITY-ST-ZIP KANSAS CITY MO

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME KIRCHEN, CHRISTOPHER  
STREET ADDRESS 3 PICKWICK PLAZA  
CITY-ST-ZIP GREENWICH CT

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOPF, PATRICK  
STREET ADDRESS 385 WASHINGTON ST.  
CITY-ST-ZIP ST PAUL MN

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 (415)578-9291  
Date Daytime Phone #

CR2E034 (12/95)