SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000001319 (2)**

1. Corporation Name
MMRI, INC. (A CALIFORNIA CORPORATION)

Principal Place of Business
FOUR EMBARCADERO CENTER
3620
SAN FRANCISCO CA 94111
US

Mailing Address
1400 LONE PALM AVENUE
MODESTO CA 95353
US

3. Date Incorporated or Qualified: **03/15/1994**
3a. Date of Last Report: **08/15/1995**

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

4. FEI Number: **95-4195583** ☐ 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 (typed or printed) of Registered Agent (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	BATES, ERNEST A MD	1.2 NAME	David Neully
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE #3620	1.3 STREET ADDRESS	Four Embarcadero Ctr. Ste. 3620
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	San Francisco, CA 94111-4155
TITLE	VC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAGAWA, CRAIG K	2.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE #3620	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAGARY, RICHARD	3.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE #3620	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, JAMES R	4.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE #3620	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VP-Finance 6/20/96 (209) 521-2330 X723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #