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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 95351-1537
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

07/30/1996

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME BATES, ERNEST A MD
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE #3620
CITY-ST-ZIP SAN FRANCISCO CA

TITLE WVC
NAME TAGAWA, CRAIG K
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE #3620
CITY-ST-ZIP SAN FRANCISCO CA

TITLE S
NAME MAGARY, RICHARD
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE #3620
CITY-ST-ZIP SAN FRANCISCO CA

TITLE D
NAME NEALLY, DAVID
STREET ADDRESS FOUR EMBASSADOR COURT #3620
CITY-ST-ZIP SAN FRANCISCO CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 94111-4155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 94111-4155

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 94111-4155

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 4 Embarcadero Center Ste 3620
4.4 CITY-ST-ZIP San Francisco, CA. 94111-4155

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/97 (209) 521-2330 x713

CR2E034 (9/96)