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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

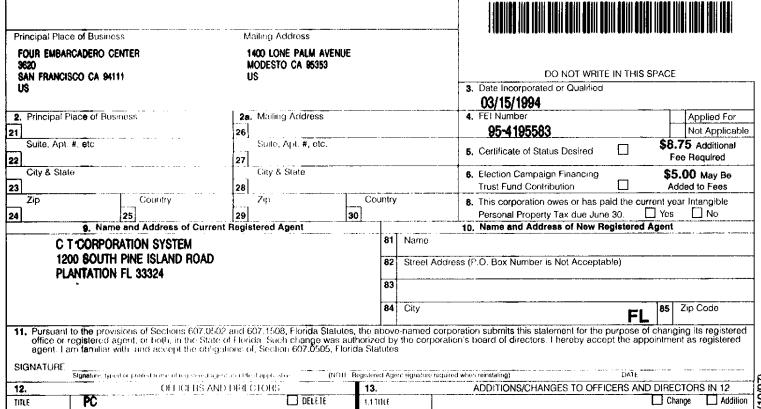
Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F9400001319 (2)

MMRI, INC. (A CALIFORNIA CORPORATION)

## FILED May 20 1998 8:00am Secretary of State



BATES, ERNEST A MD NAME 1.2 NAM8 FOUR EMBARCADERO CENTER, SUITE #3620 STREET ADDRESS 1.3 STREET ADORESS SAN FRANCISCO CA 94111-4155 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE TAGAWA, CRAIG K NAME 2.2 NAMI FOUR EMBARCADERO CENTER, SUITE #3620 2.3 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94111-4155 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition MAGARY, RICHARD 3.2 NAME NAME FOUR EMBARCADERO CENTER, SUITE #3620 STREET ADDRESS 3.3 STREET ADDRESS SAN FRANCISCO CA 94111-4155 CITY-ST-ZIP 3.4 CITY-ST-7/F DELETE Change Addition TITLE 4.1 TITLE NAME **NEALLY, DAVID** 4. 2 NAME FOUR EMBASSADOR CENTER STE 3620 STREET ADDRESS 4.3 STREET ADDRESS SAN FRANCISCO CA 94111-4155 CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELF TE Change 5.1 TITLE TITLE NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-S1-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attrachment with an address.

**A** .......