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FILED  
Apr 25 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 # F94000006344 (5)

1. Corporation Name  
QUALEX PHOTOFINISHING LABS INC.

Principal Place of Business

3404 N DUKE ST  
DURHAM NC 27704

Mailing Address

3404 N DUKE ST  
DURHAM NC 27704-2108

3. Date Incorporated or Qualified  
12/13/1994

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

56-1899784

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

CT 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME STEWART, MARK W  
STREET ADDRESS 3404 N DUKE ST  
CITY-ST-ZIP DURHAM NC 27704

TITLE VTD ☐ DELETE

NAME PARMELEE, WILLIAM D  
STREET ADDRESS 3404 N DUKE ST  
CITY-ST-ZIP DURHAM NC 27704

TITLE S ☐ DELETE

NAME HEWITT, JAMES T  
STREET ADDRESS 3404 N DUKE ST  
CITY-ST-ZIP DURHAM NC 27704

TITLE AS ☐ DELETE

NAME LYNCH, JOHN H  
STREET ADDRESS 3404 N DUKE ST  
CITY-ST-ZIP DURHAM NC 27704

TITLE VP ☒ DELETE

NAME MCCAULEY, TERRY  
STREET ADDRESS 1904 3RD AVENUE, SUITE 425  
CITY-ST-ZIP SEATTLE WA

TITLE VP ☒ DELETE

NAME REILLY, MICHAEL D  
STREET ADDRESS 350 RIDGE ROAD  
CITY-ST-ZIP ELGIN IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Charles D. Lilly Jr.  
1.3 STREET ADDRESS 3404 N. Duke St.  
1.4 CITY-ST-ZIP Durham, NC 27704

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME William W. Villages  
2.3 STREET ADDRESS 3404 N. Duke St.  
2.4 CITY-ST-ZIP Durham, NC 27704

3.1 TITLE ASST SEC. ☐ Change ☒ Addition

3.2 NAME George W. Beckwith  
3.3 STREET ADDRESS 3404 N. Duke St.  
3.4 CITY-ST-ZIP Durham, NC 27704

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 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: *Leanne B. Mortham*

4-10-97

(919) 282-8535

CR2E034 (9/96)