

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006344 (5)

1. Corporation Name

QUALEX PHOTOFINISHING LABS INC.

Principal Place of Business

Mailing Address

3404 N DUKE ST  
DURHAM NC 27704

3404 N DUKE ST  
DURHAM NC 27704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 56-1899764	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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				13. See Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, MARK W			1.2 NAME	William D. Parmelee		
STREET ADDRESS	3404 N DUKE ST			1.3 STREET ADDRESS	3404 N. Duke St		
CITY-ST-ZIP	DURHAM NC 27704			1.4 CITY-ST-ZIP	Durham, NC 27704		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARMELEE, WILLIAM D			2.2 NAME	George W. Bechwith		
STREET ADDRESS	3404 N DUKE ST			2.3 STREET ADDRESS	3404 N. Du.		
CITY-ST-ZIP	DURHAM NC			2.4 CITY-ST-ZIP	Durham, NC 27704		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWITT, JAMES T			3.2 NAME	John H. Lynch		
STREET ADDRESS	3404 N DUKE ST			3.3 STREET ADDRESS	3404 N. Duke St.		
CITY-ST-ZIP	DURHAM NC 27704			3.4 CITY-ST-ZIP	Durham, NC 27704		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYNCH, JOHN H			4.2 NAME	T. Stran Summers, III		
STREET ADDRESS	3404 N DUKE ST			4.3 STREET ADDRESS	3404 N. Duke St.		
CITY-ST-ZIP	DURHAM NC 27704			4.4 CITY-ST-ZIP	Durham, NC 27704		
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LELLY, CHARLES JR.			5.2 NAME			
STREET ADDRESS	3404 N DUKE ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLIPES, WILLIAM W.			6.2 NAME			
STREET ADDRESS	3404 N DUKE ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			6.4 CITY-ST-ZIP			

14. I 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: T. Stran Summers, Asst. Secretary 4-27-98 919-383-8635

CR2E034 (10/97)

**OFFICERS & DIRECTORS**

**QUALEX PHOTOFINISHING LABS INC.**

<b>Director</b>	<b>William D. Parmelee</b> 3404 N. Duke Street Durham, NC 27704	<b>Vice President</b>	<b>William W. Villines</b> 3404 N. Duke Street Durham, NC 27704
<b>Director</b>	<b>George W. Beckwith</b> 3404 N. Duke Street Durham, NC 27704	<b>Vice President</b>	<b>John H. Lauer</b> 150 Locke Drive Marlborough, MA 01752
<b>President</b>	<b>William D. Parmelee</b> 3404 N. Duke Street Durham, NC 27704	<b>Secretary</b>	<b>John H. Lynch</b> 3404 N. Duke Street Durham, NC 27704
<b>Vice President, Treasurer &amp; Controller</b>	<b>George W. Beckwith</b> 3404 N. Duke Street Durham, NC 27704	<b>Asst. Secretary</b>	<b>T. Stran Summers, III</b> 3404 N. Duke Street Durham, NC 27704
<b>Vice President</b>	<b>Charles D. Lelly, Jr.</b> 3404 N. Duke Street Durham, NC 27704		