


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

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**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90034 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000006344</b>					
1. Corporation Name <b>QUALEX PHOTOFINISHING LABS INC.</b>					
Principal Place of Business <b>3404 N DUKE ST DURHAM NC 27704</b>			Mailing Address <b>3404 N DUKE ST DURHAM NC 27704</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/13/1994</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>56-1899784</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VTD <input checked="" type="checkbox"/> DELETE				
NAME	BECKWITH, GEORGE W.				
STREET ADDRESS	3404 N. DUKE ST.				
CITY-ST-ZIP	DURHAM NC 27704				
TITLE	DP <input checked="" type="checkbox"/> DELETE				
NAME	PARMELEE, WILLIAM D				
STREET ADDRESS	3404 N DUKE ST				
CITY-ST-ZIP	DURHAM NC				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	SUMMERS, TISTRAN I				
STREET ADDRESS	3404 N DUKE ST				
CITY-ST-ZIP	DURHAM NC 27704				
TITLE	S <input type="checkbox"/> DELETE				
NAME	LYNCH, JOHN H				
STREET ADDRESS	3404 N DUKE ST				
CITY-ST-ZIP	DURHAM NC 27704				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	LELLY, CHARLES JR.				
STREET ADDRESS	3404 N DUKE ST				
CITY-ST-ZIP	DURHAM NC				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	VILLIPES, WILLIAM W.				
STREET ADDRESS	3404 N DUKE ST				
CITY-ST-ZIP	DURHAM NC				
13. See Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	David Hudson				
1.3 STREET ADDRESS	3404 N. Duke St.				
1.4 CITY-ST-ZIP	Durham, NC 27704				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	William W. Villines				
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: David Hudson President 4-16-99 919-383-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

545006-90034-24  
F9400000 6344

OFFICERS & DIRECTORS

QUALEX PHOTOFINISHING LABS INC.

Sole Director

David Hudson  
3404 N. Duke Street  
Durham, NC 27704

President

David Hudson  
3404 N. Duke Street  
Durham, NC 27704

Vice President

Charles D. Lelly, Jr.  
3404 N. Duke Street  
Durham, NC 27704

Vice President

William W. Villines  
3404 N. Duke Street  
Durham, NC 27704

Vice President

John H. Lauer  
150 Locke Drive  
Marlborough, MA 01752

Vice President

George H. Briggs  
4020 Stirrup Creek Drive  
Durham, NC 27703

Secretary

John H. Lynch  
3404 N. Duke Street  
Durham, NC 27704

Treasurer  
&  
Asst. Secretary

T. Stran Summers, III  
3404 N. Duke Street  
Durham, NC 27704