

DOCUMENT # F94000006344

1. Entity Name

QUALEX PHOTOFINISHING LABS INC.

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90016 002 \*\*\*150.00

Principal Place of Business

Mailing Address

3404 N DUKE ST  
DURHAM NC 277043404 N DUKE ST  
DURHAM NC 27704-2108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

56-1899784

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. See Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	HUSDON, DAVID	3404 N DUKE ST DURHAM NC 27704	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	AS	SUMMERS, TISTRAN I	3404 N DUKE ST DURHAM NC 27704	<input checked="" type="checkbox"/>		AS	Karen Posner	3404 N. Duke St. Durham, NC 27704	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S	LYNCH, JOHN H	3404 N DUKE ST DURHAM NC 27704	<input checked="" type="checkbox"/>		S	Joyce P. Hagg	343 State St. Rochester, NY 14650	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP	LELLY, CHARLES JR.	3404 N DUKE ST DURHAM NC	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VP	VILLINES, WILLIAM W	3404 N DUKE ST DURHAM NC	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ran Posner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer & Asst. Secretary*

4400

Date

719-383-8535

Daytime Phone #