



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90204 044 ***150.00

DOCUMENT # F94000006344 1. Entity Name QUALEX PHOTOFINISHING LABS INC.					
Principal Place of Business 3404 N DUKE ST DURHAM, NC 27704			Mailing Address 343 STATE ST. ATTN: CORPTAX DEPT. ROCHESTER, NY 14650		
2. Principal Place of Business 3414 N. Duke St Suite, Apt. #, etc. First Floor City & State Durham NC Zip 27704		3. Mailing Address 3414 N. Duke St, 1st Floor Suite, Apt. #, etc. Attn: Tax Dept. City & State Durham NC Zip 27704			
04212005 Chg-P CR2E034 (10/03)		4. FEI Number 56-1899784		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRUCHTEN, BRAD W 343 STATE ST. ROCHESTER, NY 14650 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached list for officers and directors <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT POSNER, KAREN 3404 N. DUKE ST. DURHAM, NC 27704 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAIARDI, RICHARD J 3404 N DUKE ST. DURHAM, NC 27704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3414 N. Duke St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAUER, JOHN H 370 RIVER RIDGE RD ELGIN, IL 60123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINN, JAMES M 343 STATE ST. ROCHESTER, NY 14650 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hickey, Lawrence L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HICKS, LINDA P 3404 N. DUKE ST. DURHAM, NC 27704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3414 N. Duke St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lynn W. Place</u> <u>Lynn W. Place</u> <u>4/25/05</u> <u>(919) 382-6479</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Qualex Photofinishing Labs Inc.
Corporate Data Sheet as of 03/26/2004
Business Address

Directors

Title
DIRECTOR

Name
Kruchten, Brad W.

Address
343 State St Rochester NY 14650

Officers

Title
PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
SECRETARY
TREASURER
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT TREASURER
ASSISTANT TREASURER

Name
Kruchten, Brad W.
Baiardi, Richard J.
Lauer, John H.
Hickey, Laurence L.
Love, William G.
Hicks, Linda P.
Underberg, Sharon
Pete, Clint
Veith, Richard J.

Address
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ATTACHMENT

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