

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90057 001 \*\*\*150.00

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1. Corporation Name  
QC OPTICS, INC.

Principal Place of Business

Mailing Address

45 JONSPIN RD  
WILMINGTON MA 01887  
US

46 JONSPIN RD  
WILMINGTON MA 01887  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

04-2916548

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T 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 signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|--------------------|---|---------------------|
| TITLE                      | CP                 | 1.1 TITLE   | D                   |
| NAME                       | CHASE, ERIC T      | 1.2 NAME  | BERMAN, ALAN        |
| STREET ADDRESS             | 19 CRAIGIE CIRCLE  | 1.3 STREET ADDRESS                                    | 4032 ORME ST        |
| CITY-ST-ZIP                | CARLISLE MA 01740  | 1.4 CITY-ST-ZIP                                       | PALO ALTO, CA 94306 |
| TITLE                      | D                  | 2.1 TITLE   | VT                  |
| NAME                       | TARRH, JOHN M      | 2.2 NAME  | RICHARD C ALLARD    |
| STREET ADDRESS             | 20 OAKLAND ST      | 2.3 STREET ADDRESS                                    | 15 PENNIMAN LANE    |
| CITY-ST-ZIP                | LEXINGTON MA 02173 | 2.4 CITY-ST-ZIP                                       | HAMPTON, NH 03842   |
| TITLE                      | D                  | 3.1 TITLE   | S                   |
| NAME                       | FINE, CHARLES H    | 3.2 NAME  | MARGUERITE J. HILL  |
| STREET ADDRESS             | 325 HIGHLAND AVE   | 3.3 STREET ADDRESS                                    | 17 KEATING LANE     |
| CITY-ST-ZIP                | W. NEWTON MA 02165 | 3.4 CITY-ST-ZIP                                       | DRACUT, MA 01826    |
| TITLE                      | VTS                | 4.1 TITLE   |                     |
| NAME                       | FREEMAN, JOHN R    | 4.2 NAME  |                     |
| STREET ADDRESS             | 300 KENT ST        | 4.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | BROOKLINE MA 02146 | 4.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                    | 5.1 TITLE   |                     |
| NAME                       |                    | 5.2 NAME  |                     |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                    | 6.1 TITLE   |                     |
| NAME                       |                    | 6.2 NAME  |                     |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                    | 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: Richard C Allard Richard C Allard, VP Finance 3/12/99 978-657-7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)