

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90161 032 ***150.00

DOCUMENT # F98000001872

1. Entity Name
ORTHOLOGIC CORP.

Principal Place of Business
1275 W. WASHINGTON STREET
TEMPE AZ 85281-1210

Mailing Address
1275 W. WASHINGTON STREET
TEMPE AZ 85281-1210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORP. SYST.
1200 S. PINE ISLAND RD
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TROTTER, THOMAS R**
STREET ADDRESS **1275 W. WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 85281-1210**

TITLE **PD** ☒ Change ☐ Addition
NAME **Trotter, Thomas R**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPTS** ☐ Delete
NAME **MEBER, TERRY**
STREET ADDRESS **1275 W. WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 85281-1210**

TITLE **VPTS** ☒ Change ☐ Addition
NAME **Sherry Sturman**
STREET ADDRESS
CITY-ST-ZIP

TITLE **C.** ☐ Delete
NAME **HOLLIMAN, JOHN III**
STREET ADDRESS **6155 N. SCOTTSDALE ROAD #100**
CITY-ST-ZIP **SCOTTSDALE AZ 85250**

TITLE **D** ☐ Change ☒ Addition
NAME **Altman, Stuart**
STREET ADDRESS **1275 W. Washington St**
CITY-ST-ZIP **Tempe AZ 85281**

TITLE **D** ☐ Delete
NAME **FELDMAN, FREDERIC J**
STREET ADDRESS **1275 PACIFIC AVENUE**
CITY-ST-ZIP **LAGUNA BEACH CA 92651**

TITLE **D** ☐ Change ☒ Addition
NAME **White, Augustus A**
STREET ADDRESS **1275 W. Washington St**
CITY-ST-ZIP **Tempe, AZ 85281**

TITLE **D** ☐ Delete
NAME **HOWSE, ELWOOD D**
STREET ADDRESS **10800 NE 8TH ST #200**
CITY-ST-ZIP **BELLEVUE WA 98004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sherry Sturman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(602) 286-5520

CR2E034 (9/01)