

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000001889**1. Entity Name  
MRI DEVICES CORPORATION

## Principal Place of Business

1515 PARAMOUNT DRIVE

WAUKESHA  
53186

WI

## Mailing Address

1515 PARAMOUNT DRIVE

WAUKESHA  
53186

WI

## 2. Principal Place of Business

1515 PARAMOUNT DRIVE

## 3. Mailing Address

1515 PARAMOUNT DRIVE

## Suite, Apt. #, etc.

A

## Suite, Apt. #, etc.

A

## City &amp; State

WAUKESHA

WI

## City &amp; State

WAUKESHA

WI

## Zip

53186

## Country

## Zip

53186

## Country

## 4. FEI Number

39-1683910

## 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

DUENSING GEORGE R  
4445 SW 35TH TERRACE, STE 350GAINESVILLE  
32608

FL

US

## 7. Name and Address of New Registered Agent

## Name

DUENSING GEORGE R

Street Address (P.O. Box Number is Not Acceptable)  
3545 SW 47TH AVENUECity  
GAINESVILLE

FL

Zip Code  
32608

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)

03/21/2001

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, 2001 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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | DOBBERSTEIN ROBERT J          |                                 |
| STREET ADDRESS | 1515 PARAMOUNT DRIVE          |                                 |
| CITY-ST-ZIP    | WAUKESHA WI                   |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | DUENSING GEORGE R             |                                 |
| STREET ADDRESS | 4445 SW 35TH TERRACE, STE 350 |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL                |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | FITZSIMMONS JEFFREY R         |                                 |
| STREET ADDRESS | 4445 SW 35TH TERRACE, STE 350 |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL                |                                 |
| TITLE          | T                             | <input type="checkbox"/> Delete |
| NAME           | SCOTT JAMES D                 |                                 |
| STREET ADDRESS | 4445 SW 35TH TERRACE, STE 350 |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL                |                                 |
| TITLE          | VS                            | <input type="checkbox"/> Delete |
| NAME           | MOLYNEAUX DAVID A             |                                 |
| STREET ADDRESS | 4445 SW 35TH TERRACE, STE 350 |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL                |                                 |
| TITLE          | PD                            | <input type="checkbox"/> Delete |
| NAME           | SCHUBERT THOMAS E             |                                 |
| STREET ADDRESS | 1515 PARAMOUNT DRIVE          |                                 |
| CITY-ST-ZIP    | WAUKESHA WI                   |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DOBBERSTEIN ROBERT J          |                                                                              |
| STREET ADDRESS | 1515 PARAMOUNT DRIVE, SUITE A |                                                                              |
| CITY-ST-ZIP    | WAUKESHA WI 53186             |                                                                              |
| TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DUENSING GEORGE R             |                                                                              |
| STREET ADDRESS | 3545 SW 47TH AVENUE           |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32608          |                                                                              |
| TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FITZSIMMONS JEFFREY R         |                                                                              |
| STREET ADDRESS | 3545 SW 47TH AVENUE           |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32608          |                                                                              |
| TITLE          | T                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BERTHY BRENT                  |                                                                              |
| STREET ADDRESS | 3545 SW 47TH AVENUE           |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32608          |                                                                              |
| TITLE          | VS                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MOLYNEAUX DAVID A             |                                                                              |
| STREET ADDRESS | 3545 SW 47TH AVENUE           |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32608          |                                                                              |
| TITLE          | PD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SCHUBERT THOMAS E             |                                                                              |
| STREET ADDRESS | 1515 PARAMOUNT DRIVE, SUITE A |                                                                              |
| CITY-ST-ZIP    | WAUKESHA WI 53186             |                                                                              |

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:** Thomas E. Schubert

PD

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)