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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jul 24, 2001 8:00 am DOCUMENT # F9900006191 Secrétary of State 07-24-2001 90002 045 ***550.00 MOBILE PET SYSTEMS, INC. Principal Place of Business 1150 W. WASHINGTON, STE 110 2240 SHELTER ISLAND DRIVE. STE 205-Mailing Address 2100 W. WASH 1200, STE 110 2240 SHELTER ISLAND DRIVE. STE 200 SAN DIEGO CA 82106 92110 SAN DIEGO CA 92106- 93110 2. Principal Place of Business 3. Mailing Address DO ONE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 11-2787966 AS ABOVE City & State City & State Applied For 4. FEI Number 33-0831137 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOATNER, DAVID** Street Address (P.O. Box Number is Not Acceptable) 2787 S.E. 14TH STREET POMPANO BEACH FL 33062 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition CEO □ Delete TITLE ☐ Change NAME NAME CROWE, PAUL J STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92106 ☐ Delete TITLE CFO TITLE Change ☐ Addition NAME NAME **BROWN, TOM** STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA 92106 TITLE · [] · Change ☐ Delete TITLE ☐ Addition NAME **NELSON, BRENT** NAME STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92106 ☐ Delete Change ☐ Addition NAME CORLETT, JIM STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92106 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME **BUSH, ROBERT** STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92106 TITLE ☐ Delete TITLE ☐ Addition NAME GOTHER, VAN NAME STREET ADDRESS STREET ADDRESS 2240 SHELTER ISLAND DRIVE, STE 205 CITY-ST-ZIP SAN DIEGO CA 92106 13. I hereby certify that the information supplied with this filling 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