

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003395

FILED
Jul 01, 2004
Secretary of State

Entity Name: DURST IMAGE TECHNOLOGY US LLC

Current Principal Place of Business:

160 EAST 84TH STREET, SUITE 5-E
NEW YORK, NY 10028

New Principal Place of Business:

50 METHODIST HILL DRIVE
SUITE 100
ROCHESTER, NY 14623 US

Current Mailing Address:

160 EAST 84TH STREET, SUITE 5-E
NEW YORK, NY 10028

New Mailing Address:

50 METHODIST HILL DRIVE
SUITE 100
ROCHESTER, NY 14623 US

FEI Number: 83-0366412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE SERVICE BUREAU INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TUCKER, ROBERT L
Address: 160 EAST 84TH STREET, SUITE 5-E
City-St-Zip: NEW YORK, NY 10028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TUCKER, ROBERT L
Address: 160 EAST 84TH STREET, SUITE 5-E
City-St-Zip: NEW YORK, NY 10028 US

Title: MGR () Change (X) Addition
Name: WATERS, RON
Address: 50 METHODIST HILL DRIVE, SUITE 100
City-St-Zip: ROCHESTER, NY 14623 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT L. TUCKER

MGR

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date