FILE.NOW: , Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra.B. Mortham **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUN -3 AM 8:50 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #**M9600000516 1a. Principal Place of Business Address XERAY SYSTEMS, L.L.C. 7901 WEST MORRIS STREET 7901 WEST MORRIS STREET INDIANAPOLIS IN 46231 NDIANAPOLIS IN 46231 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation L2/19/1996 ΙN Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State B5-1998924 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent T CORPORATION SYSTEM 1200 SOUTH FINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 002206498--6 -06/09/97-002 8000023 Suite, Apt. #, etc. ****1655, (III *****1655, (III Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HERITAGE ENVIRONMENTAL 7901 WEST MORRIS STREET INDIANAPOLIS IN BRYAN, REX P MGRM 901 WEST MORRIS STREET INDIANAPOLIS IN MGRM MT. JOY, RAY 901 WEST MORRIS STREET NDIANAPOLIS IN MGRM FEHSENFELD, FRANK S 901 WEST MORRIS STREET NDIANAPOLIS IN **800002206498**--6

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNA	TURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone # 3(7872 6010