

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15417

(9)

1. Corporation Name

XSCRIBE CORPORATION - CHANGED TO PHOTOMATRIX, INC.
(NAME CHANGE ONLY)



Principal Place of Business

6825 NANCY RIDGE DRIVE
SAN DIEGO CA 92121

Mailing Address

6825 NANCY RIDGE DRIVE
SAN DIEGO CA 92121

11065 SORRENTO VALLEY CT. -BUS. & MAILING ADDRESS
SAN DIEGO, CA 92121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11065 Sorrento Valley Ct.

Suite, Apt. #, etc.

22 City & State

23 San Diego, CA

Zip

24 92121

Country

25 USA

2a. Mailing Address

26 11065 Sorrento Valley Ct.

Suite, Apt. #, etc.

27 City & State

28 San Diego, CA

Zip

29 92121

Country

30 USA

3. Date Incorporated or Qualified

07/30/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

95-3267788

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DUTIA, SUREN G
STREET ADDRESS
6285 NANCY RIDGE DRIVE
CITY-ST-ZIP
SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME
MYERS, BRUCE C
STREET ADDRESS
6285 NANCY RIDGE DRIVE
CITY-ST-ZIP
SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME
HARKER, PETER B
STREET ADDRESS
6285 NANCY RIDGE DRIVE
CITY-ST-ZIP
SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME
SHARP, IRA
STREET ADDRESS
6285 NANCY RIDGE DRIVE
CITY-ST-ZIP
SAN DIEGO CA

TITLE ☐ DELETE

NAME
STALEY, JOHN
STREET ADDRESS
6285 NANCY RIDGE DRIVE
CITY-ST-ZIP
SAN DIEGO CA

TITLE ☐ DELETE

NAME
Treasurer
Frady, Charles H.
STREET ADDRESS
11065 Sorrento Valley Ct.
CITY-ST-ZIP
San Diego, CA 92121

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
11065 Sorrento Valley Ct.

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Roy L. Gayhart
11065 Sorrento Valley Ct.

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Charles H. Frady
11065 Sorrento Valley Ct.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
11065 Sorrento Valley Ct.
San Diego, CA 92121

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
11065 Sorrento Valley Ct.
San Diego, CA 92121

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
300002303553
-09/25/97--01069--010
***550.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles H. Frady, Treasurer

9/16/97

(619)625-4400

CP2E034 (4/97)