


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90204 047 ***150.00

DOCUMENT # P21845			
1. Entity Name EVENT IMAGING SOLUTIONS, INC			
Principal Place of Business 319 S COOL SPRINGS RD O FALLON, MO 63366 US		Mailing Address 343 STATE ST ATTN: CORP TAC DEPT ROCHESTER, NY 14650 US	
2. Principal Place of Business		3. Mailing Address 343 State St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1st Floor	
City & State		City & State Durham NC	
Zip	Country	Zip 27704	Country USA
4. FEI Number 43-1237845		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BERNADETTE, LODICO <input type="checkbox"/> Delete 343 STATE ST ROCHESTER, NY 14650	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVE, WILLIAM G <input type="checkbox"/> Delete 343 STATE STREET ROCHESTER, NY 14650	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MADDEN, MICHAEL <input type="checkbox"/> Delete 13105 FOUPOSTER COURT ST. LOUIS, MO 63146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Madden, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 319 S Cool Springs Rd O'Fallon MO 62266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINN, JAMES M <input checked="" type="checkbox"/> Delete 343 STATE STREET ROCHESTER, NY 14650	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hickey, Laurence L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 343 State St Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO CONTI, CRAIG <input type="checkbox"/> Delete 4301 VINELAND RD ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO HANSTEDT, CONNIE <input checked="" type="checkbox"/> Delete 319 S COOL SPRINGS RD O FALLON, MO 63366	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* see list for officers - attached
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Lynn W. Place</u>		Date: <u>4/25/05</u> (919) 382-6479	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

Event Imaging Solutions Inc.

40070254
P21845

Officers Business Address
confidential information

<u>Officer</u>	<u>Title</u>	<u>Address</u>
Bernadette Lodico	President and CEO	343 State St Rochester NY 14650
Craig Conti	Vice President and COO	4301 Vineland Rd Orlando FL 32811
Charles Garbarino	Vice President and CFO	343 State St Rochester NY 14650
Laurence L Hickey	Secretary	343 State St Rochester NY 14650
William G Love	Treasurer	343 State St Rochester NY 14650
Sharon E Underberg	Assistant Secretary	343 State St Rochester NY 14650
Michael D Madden	Assistant Secretary	319 S Cool Springs Rd. O'Fallon MO 63366
Nor Sewell	Assistant Secretary	319 S Cool Springs Rd. O'Fallon MO 63366
Richard J Veith	Assistant Treasurer	343 State St Rochester NY 14650

Directors Business Address
confidential information

<u>Director</u>	<u>Address</u>
Laurence L Hickey	343 State St Rochester NY 14650