2007 FOR PROFIT CORPORATION ANNUAL REPORT

, ANNUAL REPORT											
DOCUI 1. Entity Name 3D SYSTI	е	# P27752 c.				2007 SEP 17 AM 9: 03 SECRETARY OF STATE					
Principal Place 26081 AVEN VALENCIA, CA	UE HALL	3	Mailing Address 26081 AVENUE HALL VALENCIA, CA 91355				TALLAF	IASSEI	E.FLORIC	ĀĀ	
2. Principal Pl		ness - No P.O. Box #	3. Mailing Address 323 SD System Circle.								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08202007	Chg-P	CR2E	034 (12/06)		
City & State Pour /4// SC		ςc	City & State Rock 1/311 SC			4. FEI Numbe			F-1	plied For t Applicable	
Zip 7:	3.	Country	Zip 29736	Country		5. Certificate	of Status Desired		\$8.75 Addi		
		and Address of Current R	Registered Agent			7. Name and	Address of New R	legistered	Agent		
- · ivanie											
1201 HAYS	S ST	RVICE COMPANY	Street A	Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301											
			City			11.00	FL				
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 Synature, typed or printed name of registered agen; and this if applicable (INDIP: Registered Agent signature required when remarking).											
		FEE IS \$550.00 otember 14, 2007		.00 May Be ed to Fees							
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
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NAME	GRACE, F	ROBERT M JR		NAME		_					
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NAME	l '	D, STEPHEN M		NAME	222	20 1	Ame Circle				
STREET ADDRESS CITY ST-ZIP	26081 AV VALENCI	E HALL A, CA 91355		STREET ADDRESS CETY ST ZIP	no	1 1/11	Juns Circle JC 2473	lo			
12. Theraby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/1/1/07 805.52 3991										.199/	
SIGNATURE: SIGNATURE: OAIR OF SIGNING OFFICER OR DIRECTOR DAIR DAIR DAIR											