

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:34

DOCUMENT # P30804 (9)

1. Corporation Name
VARIX, INC.

Principal Place of Business

17601 FITCH AVENUE
IRVINE CA 92714

Mailing Address

17601 FITCH AVENUE
IRVINE CA 92714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/05/1990

3a. Date of Last Report

04/07/1994

4. FEI Number

95-2949907

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 9221 Quivering Rd.

2a. Mailing Address

26 625 Alaska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Overland Park, KS

City & State

28 Torrance, CA 90503

Zip

Country

Zip

Country

24 66215

25

29 90503

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TONG, PETER
STREET ADDRESS 17601 FITCH AVENUE
CITY-ST-ZIP IRVINE CA

TITLE VD
NAME HOFMANN, DREW
STREET ADDRESS 175 SELWYN
CITY-ST-ZIP BUFFALO GROVE IL

TITLE S
NAME WORLEY, JACK
STREET ADDRESS 29451 AUKLET LANE
CITY-ST-ZIP LAGUNA NIGUEL CA

TITLE D
NAME HALPER, ADRIENNE R.
STREET ADDRESS 280 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE D
NAME KOPPERL, PAUL B.
STREET ADDRESS P.O. BOX 301
CITY-ST-ZIP WEST STOCKBRIDGE MA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Tong, Peter
1.3 STREET ADDRESS 625 Alaska Ave.
1.4 CITY-ST-ZIP Torrance, CA 90503
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Hofmann, Drew
2.3 STREET ADDRESS 625 Alaska Ave
2.4 CITY-ST-ZIP Torrance, CA 90503
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE D
4.2 NAME Dann, Norman
4.3 STREET ADDRESS 5285 Howards Points Road
4.4 CITY-ST-ZIP Shorewood, MN 55331
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 1007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack N. Worley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95
DATE

Signature Required