

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P32118 (2)**

1. Corporation Name

**CHIRON VISION CORPORATION**



Principal Place of Business

**4560 HORTON STREET  
LAW DEPT  
EMERYVILLE CA 94608  
US**

Mailing Address

**4560 HORTON STREET  
LAW DEPT  
EMERYVILLE CA 94608  
US**

3. Date Incorporated or Qualified

**11/07/1990**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**58-1681282**

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 of person named in the registered agent's application)

(Signature of Registered Agent, if different from the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PENHOET, EDWARD E</b>	
STREET ADDRESS	<b>4560 HORTON ST.</b>	
CITY - ST - ZIP	<b>EMERYVILLE CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRYANT, STEVEN R</b>	
STREET ADDRESS	<b>9342 JERONIMO RD.</b>	
CITY - ST - ZIP	<b>IRVINE CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOLINARO, PETER JR.</b>	
STREET ADDRESS	<b>9342 JERONIMO RD.</b>	
CITY - ST - ZIP	<b>IRVINE CA</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>WINGER, DENNIS L</b>	
STREET ADDRESS	<b>4560 HORTON ST.</b>	
CITY - ST - ZIP	<b>EMERYVILLE CA</b>	
TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>LINK, WILLIAM J</b>	
STREET ADDRESS	<b>9342 JERONIMO RD.</b>	
CITY - ST - ZIP	<b>IRVINE CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAMRON, J. RICHARD JR.</b>	
STREET ADDRESS	<b>4800 N. FEDERAL HWY. S300E</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President and Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>David Morrison</b>	
1.3 STREET ADDRESS	<b>555 West Arrow Highway</b>	
1.4 CITY - ST - ZIP	<b>Claremont, CA 91711</b>	
2.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>William Green</b>	
2.3 STREET ADDRESS	<b>4560 Horton Street</b>	
2.4 CITY - ST - ZIP	<b>Emeryville, CA 94608</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>CCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>William Link</b>	
5.3 STREET ADDRESS	<b>555 West Arrow Highway</b>	
5.4 CITY - ST - ZIP	<b>Claremont, CA 91711</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Green, Secretary**

**510-601-2910**

Date

Daytime Phone #

CR2E034 (12/95)