

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 94608-2916 US
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2. Principal Place of Business 21 555 West Arrow Highway		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/07/1990	3a. Date of Last Report 04/16/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-1681282	Applied For Not Applicable
City & State 23 Claremont CA		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 91711	Country 25 USA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENHOET, EDWARD E	1.2 NAME	
STREET ADDRESS	4560 HORTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, DAVID	2.2 NAME	
STREET ADDRESS	555 WEST ARROW HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINARO, PETER JR.	3.2 NAME	Ed Cummins
STREET ADDRESS	9342 JERONIMO RD.	3.3 STREET ADDRESS	555 West Arrow Highway
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	Claremont CA 91711
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGER, DENNIS L	4.2 NAME	
STREET ADDRESS	4560 HORTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WILLIAM	5.2 NAME	
STREET ADDRESS	4560 HORTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	5.4 CITY-ST-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINK, WILLIAM	6.2 NAME	D
STREET ADDRESS	555 WEST ARROW HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA	6.4 CITY-ST-ZIP	

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:  **William G. Green, Secretary 3-24-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)