

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P33906** (9)

1. Corporation Name

NORTH AMERICAN MORPHO SYSTEMS, INC.



Principal Place of Business

Mailing Address

**1145 BROADWAY PLAZA
TACOMA WA 98402**

**1145 BROADWAY PLAZA
TACOMA WA 98402**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1991

3a. Date of Last Report

04/24/1995

4. FEI Number

33-0154789

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 that it is applicable.

(NOTE: Registered Agent Signature Required when entering statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**

STREET ADDRESS **XAVIER, HUBERT**

CITY-STATE-ZIP **2218 N 27 ST**

TACOMA WA

TITLE ☐ DELETE

NAME **S**

STREET ADDRESS **PREST, ROBERT F. II**

CITY-STATE-ZIP **PO BOX 650**

TACOMA WA

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **DUPUY, DANIEL**

CITY-STATE-ZIP **27 RUE LEBLANC**

PARIS FR

TITLE ☐ DELETE

NAME **DD**

STREET ADDRESS **GALLARD, FRANCIS**

CITY-STATE-ZIP **27 RUE LEBLANC**

PARIS FR

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **DIDIER, BERNARD**

CITY-STATE-ZIP **33 ROUTE DE LA BONNE DAM**

FOUNTAINBLEAU, FRANCE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 or both, or on an attachment with an address.

SIGNATURE:

Robert F. Prest II Sec/Treas

4/9/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Print)

Office Phone #

CR2E034 (12/95)