

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000969 (2)

1. Corporation Name

IRIS SYSTEMS INC.

Principal Place of Business

Mailing Address

8208 SWENSON WAY
#250

8208 SWENSON WAY
#250

DELTA, B.C., CANADA V4G 1J6

DELTA, B.C., CANADA V4G 1J6



2. Principal Place of Business

2a. Mailing Address

21 AS ABOVE

26 AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

APPLIED FOR

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

WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

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 ☐ DELETE
NAME D
STREET ADDRESS LANGTHORNE, ROBERT T
CITY-ST-ZIP 8208 SWENSON WAY #250
DELTA, B.C., CANADA V4G 1J6

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

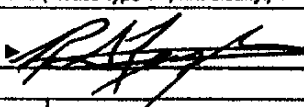
Date

Daytime Phone #

0528396

CR2E034 (9/96)

2

Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)		EIN OMB No. 1545-0003 Expires 12-31-96		
Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) IRIS SYSTEMS INC.					
	2 Trade name of business, if different from name in line 1			3 Executor, trustee, "care of" name Robert T. Langthorne		
	4a Mailing address (street address) (room, apt., or suite no.) # 250 - 8208 Swinson Way			5a Business address, if different from address in lines 4a and 4b		
	4b City, state, and ZIP code Delta BC V4G 1J6			5b City, state, and ZIP code		
	6 County and state where principal business is located British Columbia Canada					
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ SN # 419 988 536 Robert T. Langthorne					
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) Marketing <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State Florida		Foreign country		
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ Corporation <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶						
10 Date business started or acquired (Mo., day, year) (See instructions.) 01 02 1995			11 Enter closing month of accounting year. (See instructions.) December 31			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/C						
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			Nonagricultural 0	Agricultural 0	Household 0	
14 Principal activity (See instructions.) ▶ Marketing						
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶						
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶						
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.						
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶						
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.						
Name and title (Please type or print clearly.) ▶ Robert T. Langthorne, President				Business telephone number (include area code) 604 588-5972		
Signature ▶ 				Date ▶ April 4, 1997		
Note: Do not write below this line. For official use only.						
Please leave blank ▶		Geo.	Ind.	Class	Size	
					Reason for applying	