Aug-09-99 09:10A IRIS Systems Inc. 6(

07211999-90004-011-$563.75-$563.75

99.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90004 011 ***563.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

607256 - 90004 - 39

DOCUMENT # P95000000969 ✓

1. Corporation Name
IRIS SYSTEMS INC.

Principal Place of Business	Mailing Address
8208 SWENSON WAY #250 DELTA, B.C., CANADA V4G 1J6	8208 SWENSON WAY #250 DELTA, B.C., CANADA V4G 1J6

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: AS ABOVE	2a. Mailing Address 26: AS ABOVE	3. Date Incorporated or Qualified 01/03/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 98-0169314	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☑	$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, LARRY 200-A JOHN KNOX RD TALLAHASSEE FL 32303-6643 CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FLORIDA 32301	81 Name: CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST. 83 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Maryann Martone — Maryann Martone, Authorized Rep. — 8-10-99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGTHORNE, ROBERT T 8208 SWENSON WAY #250 DELTA, B.C., CANADA V4G 1J6	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

14. I 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] — 7-7-99 — (604)538-5972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #