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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000023592

1. Corporation Name

FARO WORLDWIDE, INC.

## May 14, 1999 8:00 am Secretary of State

05-14-1999 90011 049 \*\*\*300.00



		A 11							
Principal Place of Business Mailing Address									
125 TECHNOLOGY PARK LAKE MARY FL 32746  125 TECHNOLOGY PARK LAKE MARY FL 32746						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/12/1996			
2. Principal Pl	ace of Business	2a. Mailing Add	ess			4. FEI Number		Applied For	
21		26				59-3368509		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			-5, Certifcate of Status Desired		75 Additional	
22		27				-0, Conticate of Diales		e Required —	
City & State	9	City & State				6. Election Campaign Financing	1 1	. <b>00</b> May Be	
23	<u></u>	28				Trust Fund Contribution	Add	ded to Fees	
Zíp	Country	Zip	_	Country		8. This corporation owes the curre		<b></b>	
24		29	30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egisterea Agent		
TRABER, MARTIN A. FOLEY & LARDNER				81	Name	·· <u>-</u>			
				82 Street Address (P.O. Box Number is Not Acceptable)					
100 NORTH TAMPA STREET, #2700				83					
TAMPA FL 33602									
				84	City			Zip Code	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such char	ige was author	ized by	the corporati	poration submits this statement for the join's board of directors. I hereby accept	ourpose of changing the appointment a	g its registered as registered	
SIGNATURE							DATE		
	Signature, typed or printed name of registered ag	ent and title if applicable.  ND DIRECTORS		tered Ager	it signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFF		CTORS IN 12	
12.	D OFFICERS A			1.1 TITLE		ADDITIONS/CHANGES TO GIT	□ Cha		
TITLE	RAAB, SIMON	ω.		1.2 NAME			_	•	
NAME	125 TECHNOLOGY PARK				ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	LAKE MARY FL 32746			1.4 CITY-S' 2.1 TITLE	I-ZIP		∏ Cha	inge Addition	
TITLE	D CDACED COCCODY A	ш.							
NAME	FRASER, GREGORY A			2.2 NAME					
STREET ADDRESS	125 TECHNOLOGY PARK				T ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746			2. 4 CITY-S 3.1 TITLE	51-ZIP		Cha	nge Addition	
TITLE		ш,						3- 🗀	
NAME			l l	3.2 NAME	T 4000000			1	
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP		☐ Cha	ange Addition	
TITLE				4.1 TITLE 4. 2 NAME					
NAME				4. 2 NAME	1				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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 intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

R DIRECTOR

DELETE

□ DELETE

Change

Change

☐ Addition

Addition