

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003284

**Entity Name:** OPTICAL IMAGE TECHNOLOGY, INC.

**Current Principal Place of Business:**

100 OAKWOOD AVENUE  
SUITE 700  
STATE COLLEGE, PA 16803

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC7014704777**

**Current Mailing Address:**

100 OAKWOOD AVENUE  
SUITE 700  
STATE COLLEGE, PA 16803

**FEI Number: 25-1539108**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PRICHARD, RONALD PRES  
Address 100 OAKWOOD AVENUE  
City-State-Zip: STATE COLLEGE PA 16803

Title T  
Name MIZEUR, MICHAEL JTREAS  
Address I-20 EAST OF ALPINE ROAD  
City-State-Zip: COLUMBIA SC 29219

Title S  
Name MCINTOSH, DUNCAN SSEC  
Address I-20 EAST OF ALPINE ROAD  
City-State-Zip: COLUMBIA SC 29219

Title D  
Name JORDAN, LOLA M  
Address I-20 EAST OF ALPINE ROAD  
City-State-Zip: COLUMBIA SC 29219

Title DIRECTOR  
Name FOLSOM, J. ANDERSON  
Address I-20 EAST OF ALPINE ROAD  
City-State-Zip: COLUMBIA SC 29219

Title DIRECTOR  
Name MCCORMICK, RENEE S.  
Address I-20 EAST OF ALPINE ROAD  
City-State-Zip: COLUMBIA SC 29219

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RONALD PRICHARD**

**PRESIDENT**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date