

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003284

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: OPTICAL IMAGE TECHNOLOGY, INC.

**Current Principal Place of Business:**

100 OAKWOOD AVENUE  
SUITE 700  
STATE COLLEGE, PA 16803

**New Principal Place of Business:**

**Current Mailing Address:**

100 OAKWOOD AVENUE  
SUITE 700  
STATE COLLEGE, PA 16803

**New Mailing Address:**

FEI Number: 25-1539168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRICHARD, RONALD PRES  
Address: 100 OAKWOOD AVENUE  
City-St-Zip: STATE COLLEGE, PA 16803 US

Title: D ( ) Delete  
Name: POTOK, CHARLES DIR  
Address: I-20 EAST OF ALPINE ROAD  
City-St-Zip: COLUMBIA, SC 29219 US

Title: T ( ) Delete  
Name: LEICHTLE, ROBERT A TREAS  
Address: I-20 EAST OF ALPINE ROAD  
City-St-Zip: COLUMBIA, SC 29219 US

Title: S ( ) Delete  
Name: GRAY, VIVIAN B SEC  
Address: I-20 EAST OF ALPINE ROAD  
City-St-Zip: COLUMBIA, SC 29219 US

Title: D ( ) Delete  
Name: WIGGINS, STEPHEN K DIR  
Address: I-20 EAST OF ALPINE ROAD  
City-St-Zip: COLUMBIA, SC 29219 US

Title: D ( ) Delete  
Name: MIZEUR, MICHAEL J DIR  
Address: I-20 EAST OF ALPINE ROAD  
City-St-Zip: COLUMBIA, SC 29219 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD PRICHARD

P

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date