

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001993 (5)**

1. Corporation Name
FISCHER IMAGING CORPORATION



Principal Place of Business
**12300 NORTH GRANT STREET
 THORNTON CO 80241
 US**

Mailing Address
**12300 NORTH GRANT STREET
 THORNTON CO 80241
 US**

3. Date Incorporated or Qualified 04/27/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 36-2756787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.
26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.1506, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELDS, MORGAN W	1.2 NAME	
STREET ADDRESS	4 SUNRISE DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD CO	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KINNEY L	2.2 NAME	
STREET ADDRESS	2084 S. MILWAUKEE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DENVER CO 80210	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABLE, THOMAS J	3.2 NAME	
STREET ADDRESS	777 108TH AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BELLEVUE WA 98004	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLIN, CARLA J.	4.2 NAME	
STREET ADDRESS	2599 GINNY WAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAFAYETTE CO	4.4 CITY-STATE-ZIP	
TITLE	VT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RONALD	5.2 NAME	
STREET ADDRESS	5218 IDYLVILD TRAIL	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BOULDER CO	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

VT
Newcomb, James A.
5989 Brandywine Ct
Boulder, CO 80301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 member 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]* **01/31/96** **303/452-6800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)