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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90148 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F93000001993

1. Corporation Name
FISCHER IMAGING CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

12300 NORTH GRANT STREET
THORNTON CO 80241
US

12300 NORTH GRANT STREET
THORNTON CO 80241
US

3. Date Incorporated or Qualified

04/27/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

36-2756787

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C DELETE
NAME NIELDS, MORGAN W
STREET ADDRESS 4 SUNRISE DR
CITY-ST-ZIP ENGLEWOOD CO

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 80110

TITLE D DELETE
NAME JOHNSON, KINNEY L
STREET ADDRESS 2084 S. MILWAUKEE
CITY-ST-ZIP DENVER CO 80210

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 100 EAST MEADOW DRIVE, #101
2.4 CITY-ST-ZIP VAIL, CO 81657

TITLE D DELETE
NAME CABLE, THOMAS J
STREET ADDRESS 777 108TH AVE
CITY-ST-ZIP BELLEVUE WA 98004

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 203 BELLEVUE WAYNE, #542

TITLE VS DELETE
NAME WOLIN, CARLA J.
STREET ADDRESS 2599 GINNY WAY
CITY-ST-ZIP LAFAYETTE CO

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS P KUEHN, HENRY H.
4.4 CITY-ST-ZIP 2407 BENNETT AVENUE
EVANSTON, IL 60201

TITLE V DELETE
NAME FEE, WILLIAM C
STREET ADDRESS 244 BERTHOUD TRAILQ
CITY-ST-ZIP BROONFIELD CO 80020

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 244 BERTHOUD TRAIL
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME BRAGG, DAVID G
STREET ADDRESS 4403 COVECREST DRIVE
CITY-ST-ZIP SALT LAKE CITY UT 84124

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 10040 EAST HAPPY VALLEY ROAD, #207
6.4 CITY-ST-ZIP SCOTTSDALE, AZ 85255

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99 303 452 6800

CR2E034 (11/98)