

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

0570860

05-12-2001 90018 035 \*\*\*150.00

**DOCUMENT # F93000001993**

1. Entity 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
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**C0062213**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-2756787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIELDS, MORGAN W</b>	NAME	
STREET ADDRESS	<b>4 SUNRISE DR</b>	STREET ADDRESS	<b>12300 N. GRANT ST.</b>
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	CITY-ST-ZIP	<b>THORNTON, CO 80241</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL, KATHRYN A</b>	NAME	
STREET ADDRESS	<b>13867 E. CHENANGO DR</b>	STREET ADDRESS	<b>12300 N. GRANT ST.</b>
CITY-ST-ZIP	<b>AURORA CO 80015</b>	CITY-ST-ZIP	<b>THORNTON, CO 80241</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CABLE, THOMAS J</b>	NAME	<b>FRED BURBANK</b>
STREET ADDRESS	<b>203 BELLEVUE WAY NE 542</b>	STREET ADDRESS	<b>12300 N. GRANT ST.</b>
CITY-ST-ZIP	<b>BELLEVUE WA 98004</b>	CITY-ST-ZIP	<b>THORNTON, CO 80241</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVELLI, LOUIS E</b>	NAME	
STREET ADDRESS	<b>1952 AMETHYST DR</b>	STREET ADDRESS	<b>12300 N. GRANT ST.</b>
CITY-ST-ZIP	<b>LONGMONT CO 80501</b>	CITY-ST-ZIP	<b>THORNTON, CO 80241</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TESIC, MIKE</b>	NAME	<b>V/S/T</b>
STREET ADDRESS	<b>2545 BRIARWOOD DR</b>	STREET ADDRESS	<b>RODNEY B. JOHNSON</b>
CITY-ST-ZIP	<b>BOULDER CO 80303</b>	CITY-ST-ZIP	<b>12300 N. GRANT ST.</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAGG, DAVID G</b>	NAME	
STREET ADDRESS	<b>10040 E HAPPY VALLEY ROAD 207</b>	STREET ADDRESS	<b>12300 N. GRANT ST.</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85255</b>	CITY-ST-ZIP	<b>THORNTON, CO 80241</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/26/01** **303 452 6800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)