

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90036 021 ***150.00

CR2E03

DOCUMENT # F97000000394

1. Entity Name
IMPAC MEDICAL SYSTEMS, INC.

| | |
|--|--|
| Principal Place of Business 100 WEST EVELYN AVE. MOUNTAIN VIEW CA 94041 | Mailing Address 100 WEST EVELYN AVE. MOUNTAIN VIEW CA 94041 |
|--|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

4. FEI Number **94-3109238**

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPAMERICA, INC.
 416 S.E. 15TH STREET
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------------------|------------------------|-----------------------------|-------|------|----------------|-------------|
| PD | JACHINOWSKI, JOSEPH K | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041-1203 | | | | |
| VD | HOEY, JAMES J | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041-1203 | | | | |
| STD | AUERBACH, DAVID A | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041-1203 | | | | |
| D | BECKER, ROBERT M.D. | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041 | | | | |
| D | ROSE, CHRISTOPHER M | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041 | | | | |
| D | AVIS, GREG | 100 WEST EVELYN AVENUE | MOUNTAIN VIEW CA 94041-1203 | | | | |

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: SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

650-693-8800

Date Daytime Phone #