


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90149 006 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3109238** Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACHINOWSKI, JOSEPH K 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041-1203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOEY, JAMES J 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041-1203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUERBACH, DAVID A 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041-1203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, ROBERT M.D. 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, CHRISTOPHER M 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVIS, GREG 100 WEST EVELYN AVENUE MOUNTAIN VIEW CA 94041-1203 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph K. Jachinowski* **SIGNATURE REQUIRED** Jachinowski, Pres. 1.20.03 650-623-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)