FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90951 021 ***150.00

DOCUMENT # P20229

1. Corporation Name
IMI SYSTEMS INC.

Principal Place of Business	Mailing Address
175 BROAD HOLLOW ROAD MELVILLE NY 11747	175 BROAD HOLLOW ROAD MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 07/27/1988
4. FEI Number: 13-2968712 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTERGARDEN ROAD
ORLANDO FL 32802

10. Name and Address of New Registered Agent
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	☒ DELETE
NAME	LOGUORI, FRANK N	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	☐ DELETE
NAME	SCHOWE, CARLETON	
STREET ADDRESS	290 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	☐ DELETE
NAME	OLSTEN, STUART	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SVP	☐ DELETE
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SVP	☐ DELETE
NAME	PUGLISI, ANTHONY J	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VP	☐ DELETE
NAME	BLAILE, RAYMOND	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☑ Addition
1.2 NAME	Thomas Kraus	
1.3 STREET ADDRESS	290 Broad Hollow Rd	
1.4 CITY-ST-ZIP	Melville NY 11747	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4. CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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] LAURIN L LAUGHLOT JR 4/20/99 516-844-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
V.P. Treas 4/27/00