

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 11 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23196** (9)

1. Corporation Name
NBS IMAGING SYSTEMS, INC.

Principal Place of Business: **PO BOX 8490 FORT WAYNE IN 46896**
Mailing Address: **PO BOX 8490 FORT WAYNE IN 46896**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/01/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **94-2278596** Applied For: Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code: **FL**

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 must be printed name of registered agent and filed applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **P**
NAME: **ALEXANDER MARK W.**
STREET ADDRESS: **7015 POINT INVERNESS WAY**
CITY- ST- ZIP: **FORT WAYNE IN**

TITLE: **V**
NAME: **TORNBLOOM, JOHN**
STREET ADDRESS: **4834 LITCHFIELD ROAD**
CITY- ST- ZIP: **FT. WAYNE IN**

TITLE: **D**
NAME: **CASGRAIN, TIMOTHY**
STREET ADDRESS: **3220 ORLANDO DRIVE**
CITY- ST- ZIP: **MISSISSAUGA, ONT., CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE: Change Addition

2.2 NAME: **KARI LAPAN**

2.3 STREET ADDRESS: **1530 PROGRESS ROAD**

2.4 CITY- ST- ZIP: **FORT WAYNE, IN 46808**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in this annual report, supplementary 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, and the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing. I am an individual with an address.

SIGNATURE: **K**  **KARI LAPAN**
VICE-PRES. + CFO 4/5/95 319-1184-8611
Typed Name Date Telephone #