

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# F01000002728

Entity Name: OEC MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

384 WRIGHT BROTHERS DRIVE  
SALT LAKE CITY, UT 84116 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2216  
SCHENECTADY, NY 123012216 US

**New Mailing Address:**

FEI Number: 94-2538512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BARBARA  
Address: 12 CORPORATE WOODS BLVD ALBANY NY 12211  
City-St-Zip: ALBANY, NY 12211 US

Title: P ( ) Delete  
Name: PATRICK  
Address: 384 WRIGHT BROTHERS DRIVE  
City-St-Zip: SALT LAKE CITY, UT 84116 US

Title: S ( ) Delete  
Name: JASON  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188 US

Title: D ( ) Delete  
Name: PETER  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: CAMERON, BARBARA A  
Address: 12 CORPORATE WOODS BLVD ALBANY NY 12211  
City-St-Zip: ALBANY, NY 12211 US

Title: P (X) Change ( ) Addition  
Name: MCNAMEE, PATRICK  
Address: 384 WRIGHT BROTHERS DRIVE  
City-St-Zip: SALT LAKE CITY, UT 84116 US

Title: S (X) Change ( ) Addition  
Name: HANSON, JASON  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188 US

Title: D (X) Change ( ) Addition  
Name: SOLMSSEN, PETER Y  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A CAMERON

V

07/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date