

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002728

FILED
Apr 06, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211 US

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

Title: S
Name: HANSON, JASON
Address: 3000 N GRANDVIEW BLVD.
City-St-Zip: WAUKESHA, WI 53188 US

Title: D
Name: SOLMSEN, PETER Y
Address: 3000 N GRANDVIEW BLVD.
City-St-Zip: WAUKESHA, WI 53188 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A CAMERON

V

04/06/2010

Electronic Signature of Signing Officer or Director

_____ Date