

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002728

FILED  
Apr 19, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: LANGE, JENNIFER  
Address: 384 WRIGHT BROTHERS DRIVE  
City-St-Zip: SALT LAKE CITY, UT 84116 US

Title: T  
Name: JACOBS, DARIN  
Address: 384 WRIGHT BROTHERS DRIVE  
City-St-Zip: SALT LAKE CITY, UT 84116 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

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date