

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002728

Entity Name: OEC MEDICAL SYSTEMS, INC.**Current Principal Place of Business:**384 WRIGHT BROTHERS DRIVE
SALT LAKE CITY, UT 84116**Current Mailing Address:**384 WRIGHT BROTHERS DRIVE
SALT LAKE CITY, UT 84116 US**FEI Number:** 94-2538512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title VICE PRESIDENT/ASST. TREASURER
Name MCELLIGOTT, ANN-MARIE
Address 12 CORPORATE WOODS BLVD
City-State-Zip: ALBANY NY 12211

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

Title ASSISTANT SECRETARY
Name BOOTH, WILLIAM
Address 12 CORPORATE WOODS BLVD
City-State-Zip: ALBANY NY 122112524

Title P
Name SHRAWDER, JOSEPH
Address AV MAGALHAES DE CASTRO, 4800 -
9AO13 ANDAR
City-State-Zip: SAO PAULO NA 05502 001

Title T
Name CHRISTENSON, DAVID
Address 8200 WEST TOWER AVENUE
City-State-Zip: MILWAUKEE WI 53223

Title DIRECTOR
Name SHRAWDER, JOSEPH
Address AV MAGALHAES DE CASTRO, 4800 -
9AO13 ANDAR
City-State-Zip: SAO PAULO NA 05502 001

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: WILLIAM BOOTH**ASSISTANT SECRETARY 04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date