

**2015 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:**

PO BOX 2216  
SCHENECTADY, NY 12301 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 PD  
Name EGLINTONMANNER, CARRIE  
Address 384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116

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

Title T  
Name RIGNELL, ROB  
Address 384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116

Title ASST. SECRETARY  
Name BOOTH, WILLIAM  
Address 12 CORPORATE WOODS BLVD  
City-State-Zip: ALBANY NY 12211

*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 W. BOOTH

**ASSISTANT SECRETARY 04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date