

**2018 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:**

191 ROSA PARKS ST.  
11E-03-10  
CINCINNATI, OH 45202 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 CFO  
Name LUEKEN, ANTON  
Address 384 N WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116

Title PRESIDENT, DIRECTOR  
Name PEREZ-FERNANDEZ, GUSTAVO  
Address 384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116-2862

Title VP  
Name LANGE, JENNIFER  
Address 384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116-2862

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

Title ASST. SECRETARY  
Name GLOTFELTY, ELIZABETH  
Address 191 ROSA PARKS ST.  
11E-03-10  
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY  
Name VRON, VICTORIA  
Address 901 MAIN AVE., THE TOWERS  
City-State-Zip: NORWALK CT 06851

*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:** ELIZABETH GLOTFELTY

**ASSISTANT SECRETARY** 04/26/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date