

2019 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.
12W-02-12
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, TREASURER
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 ASST. SECRETARY, ASST. TREASURER
Name MAX, KIRSTEN
Address 191 ROSA PARKS ST.
12W-02-12
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: KIRSTEN MAX

ASSISTANT SECRETARY 04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date