


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002728
 1. Entity Name
OEC MEDICAL SYSTEMS, INC.



Principal Place of Business
**384 WRIGHT BROTHERS DRIVE
 SALT LAKE CITY, UT 84116**

Mailing Address
**PO BOX 2216
 SCHENECTADY, NY 12301-2216**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2538512 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CAMERON, BARBARA A
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY - ST - ZIP	ALBANY, NY 12211
TITLE	V
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY - ST - ZIP	ALBANY, NY 12211
TITLE	P
NAME	MCNAMEE, PATRICK
STREET ADDRESS	384 WRIGHT BROTHERS DR
CITY - ST - ZIP	SALT LAKE CITY, UT 84116
TITLE	S
NAME	HANSON, JASON
STREET ADDRESS	3000 N GRANDVIEW BLVD
CITY - ST - ZIP	WAUKESHA, WI 53188
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BARBARA A. CAMERON** **4/10/06** (518) 433-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #