


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2538512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000920000
 05/14/08-80026-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMERON, BARBARA A 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCHANAN, MARK E 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAMEE, PATRICK 384 WRIGHT BROTHERS DR SALT LAKE CITY, UT 84116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, JASON 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MC ELLIGOTT, ANN-MARIE 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLMSEN, PETER Y 3000 NORTH GRANDVIEW BLVD WAUKESHA, WI 53188

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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** *4/14/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #