

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90044 002 \*\*\*150.00

DOCUMENT # *F02 00000 4448*  
1. Entity Name  
**ORIDION CAPNOGRAPHY, INC.**

**DO NOT WRITE IN THIS SPACE**

**24028049**

2. Principal Place of Business <b>21 HIGHLAND AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>21 HIGHLAND AVENUE</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>NEEDHAM, MA</b>	City & State <b>NEEDHAM, MA</b>	4. FEI Number <b>94-3277806</b>	Applied For Not Applicable
Zip <b>02494</b>	Country	Zip <b>02494</b>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>CORPORATION SERVICES COMPANY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>
City <b>TALLAHASSEE</b>
State <b>FL</b>
Zip Code <b>32301</b>

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT</b> NAME <b>GERLAND FELDMAN</b> STREET ADDRESS <b>21 HIGHLAND AVENUE</b> CITY-ST-ZIP <b>NEEDHAM, MA 02494</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>TREASURER</b> NAME <b>WALTER TABACHNIK</b> STREET ADDRESS <b>7 HAMARPE</b> CITY-ST-ZIP <b>JERUSALEM, ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>DIRECTOR</b> NAME <b>WALTER TABACHNIK</b> STREET ADDRESS <b>7 HAMARPE</b> CITY-ST-ZIP <b>JERUSALEM, ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>DIRECTOR</b> NAME <b>GEORGE YARIV</b> STREET ADDRESS <b>7 HAMARPE</b> CITY-ST-ZIP <b>JERUSALEM, ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>DIRECTOR</b> NAME <b>YACOV BUBIS</b> STREET ADDRESS <b>7 HAMARPE</b> CITY-ST-ZIP <b>JERUSALEM, ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald Feldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/04*

Date

Daytime Phone #

CR2E034B (12/02)