

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004448

FILED
Mar 17, 2008
Secretary of State

Entity Name: ORIDION CAPNOGRAPHY, INC.

Current Principal Place of Business:

160 GOULD ST
STE 205
NEEDHAM, MA 02494

New Principal Place of Business:

Current Mailing Address:

160 GOULD ST
STE 205
NEEDHAM, MA 02494

New Mailing Address:

FEI Number: 94-3277806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELDMAN, GERALD
Address: 12 LOCUST ST.,
City-St-Zip: HIGHLANDS, NJ 07732

Title: T () Delete
Name: TABACHNIK, WALTER
Address: 7 HAMARPE
City-St-Zip: JERUSALEM, ISRAEL,

Title: O () Delete
Name: MILLONIG, TOM
Address: 1425 MILL PLACE DRIVE,
City-St-Zip: DACULA, GA 30019

Title: D () Delete
Name: ADLER, ALAN
Address: 7 HA MARPE
City-St-Zip: JERUSALEM, IS 97774

Title: D () Delete
Name: BUBIS, YACOV
Address: 7 HA MARPE
City-St-Zip: JERUSALEM, IS,

Title: O () Delete
Name: DOMINIC, CORSALE
Address: 27 LAUREL LANE, MARLBOROUGH, CT 06447
City-St-Zip: MARLBOROUGH, CT 06447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER TABACHNIK

_____ Electronic Signature of Signing Officer or Director

TREA

03/17/2008

_____ Date