

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004448

FILED  
Mar 19, 2009  
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: O (X) Change ( ) Addition  
Name: RAVI, INDU  
Address: 236 DAVIS ROAD  
City-St-Zip: BEDFORD, MA 01730

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: INDU RAVI

CONT

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date