

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004448

FILED
Feb 09, 2012
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

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

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

Title: O
Name: RAVI, INDU
Address: 236 DAVIS ROAD
City-St-Zip: BEDFORD, MA 01730

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: INDU RAVI

_____ Electronic Signature of Signing Officer or Director

TREA

02/09/2012

_____ Date