

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000512

FILED
Apr 23, 2008
Secretary of State

Entity Name: CARESTREAM HEALTH, INC.

Current Principal Place of Business:

712 FIFTH AVE., 40TH FLOOR
C/O ONEX INVESTMENT CORP.
NEW YORK, NY 10019

New Principal Place of Business:

150 VERONA ST
ROCHESTER, NY 14608

Current Mailing Address:

712 FIFTH AVE., 40TH FLOOR
C/O ONEX INVESTMENT CORP.
NEW YORK, NY 10019

New Mailing Address:

150 VERONA ST
ROCHESTER, NY 14608

FEI Number: 20-8190334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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: PD () Delete
Name: LE BLANC, ROBERT M.
Address: 712 FIFTH AVE., 40TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VS () Delete
Name: MUNK, ANTHONY
Address: 712 FIFTH AVE., 40TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: TV (X) Delete
Name: WEST, DONALD
Address: 421 LEADER ST.
City-St-Zip: MARION, OH 43302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOBERT, KEVIN J
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: S (X) Change () Addition
Name: QUINN, JAMES M
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

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: JAMES M. QUINN

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04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date