

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002381

FILED
Apr 14, 2010
Secretary of State

Entity Name: SIEMENS HEALTHCARE DIAGNOSTICS INC.

Current Principal Place of Business:

1717 DEERFIELD ROAD
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

1717 DEERFIELD ROAD
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 95-2802182

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO
Name: KRONAU, DENICE
Address: 511 BENEDICT AVE
City-St-Zip: TARRYTOWN, NY 10591

Title: AS
Name: IMIG, ROBERT
Address: 1717 DEERFIELD ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: S
Name: DEARBORN, CHASE
Address: 1717 DEERFIELD ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: D
Name: REQUARDT, HERMANN
Address: HENKESTRASSE 127
City-St-Zip: ERLANGEN, GERMANY, OC D-91050 OC

Title: AS
Name: PACANSKY, BEVERLY
Address: 170 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: D
Name: QUINN, DONAL
Address: 1717 DEERFIELD ROAD
City-St-Zip: DEERFIELD, IL 60015

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: ROBERT IMIG

AS

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date