

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002381

**Entity Name:** SIEMENS HEALTHCARE DIAGNOSTICS INC.

**Current Principal Place of Business:**

511 BENEDICT AVENUE  
TARRYTOWN, NY 10591

**Current Mailing Address:**

3850 QUADRANGLE BLVD., US TAX DEPT  
MS AFS 466  
ORLANDO, FL 32817 US

**FEI Number:** 95-2802182

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO, CHAIRMAN  
Name            REITERMANN, MICHAEL  
Address        511 BENEDICT AVE  
City-State-Zip: TARRYTOWN NY 10591

Title            CFO, DIRECTOR  
Name            DUENKEL, ANDREAS  
Address        511 BENEDICT AVENUE  
City-State-Zip: TARRYTOWN NY 10591

Title            SENIOR VICE PRESIDENT, GENERAL  
                  COUNSEL, SECRETARY  
Name            ROYER, KEVIN  
Address        511 BENEDICT AVE  
City-State-Zip: TARRYTOWN NY 10591

Title            ASST. SECRETARY  
Name            ELLIS, LONNIE J  
Address        170 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830

*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:** LONNIE J ELLIS

**ASSISTANT SECRETARY    04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date