

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005703

Entity Name: IMAGE STREAM MEDICAL, INC.**Current Principal Place of Business:**ONE MONARCH DR SUITE 102
LITTLETON, MA 01460**Current Mailing Address:**ONE MONARCH DR SUITE 102
LITTLETON, MA 01460 US**FEI Number:** 20-8110254**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 OFFICER
Name RENZI, PETER E
Address ONE MONARCH DR SUITE 102
City-State-Zip: LITTLETON MA 01460

Title PRESIDENT, CEO
Name MITCHELL, EDDIE E
Address ONE MONARCH DR SUITE 102
City-State-Zip: LITTLETON MA 01460

Title OFFICER
Name MILLER, MICHAEL
Address ONE MONARCH DR SUITE 102
City-State-Zip: LITTLETON MA 01460

Title TREASURER, DIRECTOR
Name LACROIX, PIERRE
Address 3500 CORPORATE PARKWAY
City-State-Zip: CENTER VALLEY PA 18034

Title SECRETARY
Name FROEHLE, STEVE
Address 3500 CORPORATE PARKWAY
City-State-Zip: CENTER VALLEY PA 18034

Title DIRECTOR
Name ABIA, NACHO
Address 3500 CORPORATE PARKWAY
City-State-Zip: CENTER VALLEY PA 18034

Title DIRECTOR
Name SAKURAI, TOMOHISA
Address ONE MONARCH DRIVE
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name CLARK, RANDY
Address 3500 CORPORATE PARKWAY
City-State-Zip: CENTER VALLEY PA 18034

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: PIERRE LACROIX**TREASURER****04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date