

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856222

1. Corporation Name

Siemens Medical Systems, Inc.

Principal Place of Business

186 Wood Ave South
Iselin, NJ 08830-2720

Mailing Address

40 SIEMENS CORP.
1301 Avenue of the
Americas, TOR 43 AF
New York, NY 10018

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

4/22/1983

3a. Date of Last Report

4/22/95

4. FEI Number

22-2417778

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
8751 West Broward Blvd.
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signatures required with filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPO
Dumke, Robert
5 Lyons Mall, Suite 301
Basking Ridge, NJ 07920

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVO
Wolfgang Kroll
59 Park Gate Drive
Edison, NJ 08820

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kelly, James J.
1 Laurel Lane
Rumson, NJ 07760

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kroener, Peter H.
245 East 93rd Street
New York, N.Y. 10128

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Franciose, Barbara
1876 Maine Drive
Elk Grove, IL 60007

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Nachowitz, David S.
816 Nancy Way
Westfield, NJ 07928

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001881021
-07/02/96--01013--025
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

STEVEN DANATOS / ASST. SEC'y / 5/31/96 / 212-258-4137

CR2E034 (12/95)