

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856222**
1. Corporation Name
SIEMENS MEDICAL SYSTEMS, INC.

(5)

Principal Place of Business

106 WOOD AVE S.
ISELIN NJ 08830-2770
US

Mailing Address

1301 AVENUE OF THE AMERICAS
A & C-TAX, 43RD FL.
NEW YORK NY 10019
US



DO NOT WRITE IN THIS SPACE

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

04/22/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 by person filing or by person designated by the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	CPD	☒ DELETE
NAME	DUMKE, ROBERT V.	
STREET ADDRESS	5 LYONS MALL, SUITE 301	
CITY-ST-ZIP	BSKING RIDGE NY 07920	
TITLE	TVD	☒ DELETE
NAME	WOLFGANG, KROLL	
STREET ADDRESS	59 PARK GATE DRIVE	
CITY-ST-ZIP	EDISON NJ 08820	
TITLE	V	☒ DELETE
NAME	KELLY, JAMES J.	
STREET ADDRESS	1 LAUREL LN	
CITY-ST-ZIP	RUMSON NJ	
TITLE	V	☐ DELETE
NAME	KROENER, PETER	
STREET ADDRESS	245 EAST 93 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	FRANCIOSE, BARBARA	
STREET ADDRESS	1876 MAINE DRIVE	
CITY-ST-ZIP	BLK GROVE IL 60007	
TITLE	S	☐ DELETE
NAME	MACHLOWITZ, DAVID S.	
STREET ADDRESS	816 NANCY WAY	
CITY-ST-ZIP	WESTFIELD NJ	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. & CEO	☒ Change ☐ Addition
1.2 NAME	Thomas N. McCausland	
1.3 STREET ADDRESS	4 Horsehoe Bend Lane	
1.4 CITY-ST-ZIP	Mendham NJ 07945	
2.1 TITLE	VP & CFO	☒ Change ☐ Addition
2.2 NAME	Reinhard Benditte	
2.3 STREET ADDRESS	109 Captaine Graves	
2.4 CITY-ST-ZIP	Williamsburg, VA 23185	
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		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address.

SIGNATURE:



Secretary

2/16/98 732/321-8821

CR2E034 (10/97)