FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 856222** SIEMENS MEDICAL SYSTEMS, INC. 04-03-2001 90113 037 ***150.00 Principal Place of Business Mailing Address 1301 AVENUE OF THE AMERICAS 186 WOOD AVE S. POSTEDAT ISELIN NJ 08830-2770 A & C-TAX. 43RD FL. NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address c/o Siemens Corporation Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 186 Wood Avenue South City & State 4. FEI Number City & State Applied For 22-2417778 Iselin, NJ Not Applicable Zip Country _ Zip Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 08830 **USA** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 8751 WEST BROWARD BLVD. PLANTATION FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete President/CEO NAME MCCAUSLAND, THOMAS N Thomas N. McCausland STREET ADDRESS STREET ADDRESS 186 WOOD AVE S. 186 Wood Avenue South CITY-ST-ZIP CITY-ST-ZIP ISLEIN NJ 08830 Iselin, NJ 08830 TITLE ☐ Delete TITLE ▼ Change ☐ Addition VP/Treasurer NAME BENDITTE, REINHARD NAME Reinhard Benditte STREET ADDRESS STREET ADDRESS 186 WOOD AVE S. 186 Wood Avenue South CITY-ST-ZIP CITY-ST-ZIP ISLEIN NJ 08830_ Iselin NJ-08830- Addition N Delete TITLE Change Secretary NAME MADISON, VIVIAN L PRATT NAME James R. Ruger, Ph. D. STREET ADDRESS STREET ADDRESS 186 WOOD AVE S. 186 Wood Avenue South CITY-ST-7tP CITY-ST-7IP ISLEIN NJ 08830 Iselin, NJ 08830 TITLE ☐ Oelete Assistant Secretary Change Addition NAME POMPETZKI, GEORGE NAME George Pompetzki. STREET ADDRESS STREET ADDRESS 1301 AVENUE OF THE AMERICAS 186 Wood Avenue South CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 Iselin, NJ 08830 Addition TITLE Delete TITLE ☐ Change Director NAME HOSER, ALBERT NAME E. Robert Lupone STREET ADDRESS STREET ADDRESS 1301 AVENUE OF THE AMERICAS 153 East 53rd Street New York, NY 10022 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STEINHARD, GOETZ STREET ADDRESS STREET ADDRESS HENKSTR. 127 CITY-ST-ZIP CITY-ST-ZIP D-91052 ERLANGE, GERMANY 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

George Pompetzki

SIGNATURE:

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