

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856222

FILED
Apr 20, 2009
Secretary of State

Entity Name: SIEMENS MEDICAL SOLUTIONS USA, INC.

Current Principal Place of Business:

51 VALLEY STREAM PARKWAY
MALVERN, PA 19355 US

New Principal Place of Business:

Current Mailing Address:

C/O SIEMENS CORPORATION
170 WOOD AVE SOUTH
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 22-2417778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: KOLEM, HEINRICH
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: CFOT () Delete
Name: RACKOW, THOMAS
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: S () Delete
Name: RUGER, JAMES R
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: AS () Delete
Name: GOTLIFFE, ALAN
Address: 170 WOOD AVE. SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: D () Delete
Name: NOLEN, GEORGE
Address: 153 EAST 53RD ST.
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DEARBORN, CHARLES
Address: 1230 SHOREBIRD WAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN GOTLIFFE

AS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date