

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856222

FILED
Apr 26, 2010
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
Name: REITERMANN, MICHAEL
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: VP
Name: GRADY, EDWARD
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: S
Name: DEARBORN, CHARLES
Address: 1717 DEERFIELD ROAD
City-St-Zip: DEERFIELD, IL 60015

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

Title: D
Name: REITERMANN, MICHAEL
Address: 51 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: D
Name: STEGEMANN, KLAUS
Address: 527 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

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: ALAN GOTLIFFE

AS

04/26/2010

Electronic Signature of Signing Officer or Director

Date