

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000422

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: GE HEALTHCARE IITS USA CORP.

## Current Principal Place of Business:

40 IDX DRIVE  
BURLINGTON, VT 05402

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2216  
SCHENECTADY, NY 123012216

## New Mailing Address:

FEI Number: 03-0363612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: PD ( ) Delete  
Name: WANCHOO, VISHAL  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188

Title: VAS ( ) Delete  
Name: CAMERON, BARBARA A  
Address: 12 CORPORATE WOODS BLVD  
City-St-Zip: ALBANY, NY 12211

Title: T ( ) Delete  
Name: MENEL, SCOTT  
Address: 40 IDX DRIVE  
City-St-Zip: SOUTH BURLINGTON, VT 05403

Title: AS (X) Delete  
Name: PECHETTE, JEAN  
Address: 540 WEST NW HWY  
City-St-Zip: BARRINGTON, IL 60010

Title: V (X) Delete  
Name: GALIN, ROBERT  
Address: 116 HUNTINGTON AVENUE  
City-St-Zip: BOSTON, MA 02116

Title: S ( ) Delete  
Name: STUDER, JAQUELINE  
Address: 540 WEST NW HWY  
City-St-Zip: BARRINGTON, IL 60010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WANCHOO, VISHAL  
Address: 3000 N GRANDVIEW BLVD  
City-St-Zip: WAUKESHA, WI 53188

Title: VP (X) Change ( ) Addition  
Name: CAMERON, BARBARA A  
Address: 12 CORPORATE WOODS BLVD  
City-St-Zip: ALBANY, NY 12211

Title: T (X) Change ( ) Addition  
Name: MENEL, SCOTT  
Address: 540 W NORTHWEST HIGHWAY  
City-St-Zip: BARRINGTON, IL 60010

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

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: VISHAL WANCHOO

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date