

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000000422

FILED
Jul 14, 2009
Secretary of State

Entity Name: GE HEALTHCARE IITS USA CORP.

Current Principal Place of Business:

40 IDX DRIVE
BURLINGTON, VT 05403 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VISHAL
Address: 40 IDX DRIVE
City-St-Zip: BURLINGTON, VT 05403 US

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

Title: T () Delete
Name: SCOTT
Address: 540 W NORTHWEST HIGHWAY
City-St-Zip: BARRINGTON, IL 60010 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WANCHOO, VISHAL
Address: 40 IDX DRIVE
City-St-Zip: BURLINGTON, VT 05403 US

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

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

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

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: BARBARA A CAMERON

V

07/14/2009

Electronic Signature of Signing Officer or Director

Date