

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000422

FILED
Apr 17, 2012
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
Name: WANCHOO, VISHAL
Address: 6TH FLOOR, DLF BLOCK 7A DLF CYBER CITY DLF
City-St-Zip: GURGAON HARYANA, NA 122002 IN

Title: V
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BOULEVARD
City-St-Zip: ALBANY, NY 12211 US

Title: T
Name: MARSH, MATTHEW
Address: 540 WEST NORTHWEST HIGHWAY
City-St-Zip: BARRINGTON, IL 60010 US

Title: S
Name: STUDER, JAQUELINE
Address: 540 WEST NORTHWEST HIGHWAY
City-St-Zip: BARRINGTON, IL 60010 US

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: BARBARA CAMERON

V

04/17/2012

Electronic Signature of Signing Officer or Director

Date