2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2005 8:00 am Secretary of State

| DOCUMENT # F02000004448 1. Entity Name ORIDION CAPNOGRAPHY, INC. | | | | | | 05-16-2005 90 | 0202 027 | ***150.0 | 00 |
|---|---|---------------------------------|-------------|-----------------------------|------------------------|-------------------------|-------------------|-------------------------|---------------------------|
| Principal Place of Business Mailing Address 21 HIGHLAND CIRCLE 21 HIGHLAND CIRCLE | | | | | | | | | |
| NEEDHAM, MA 02494 NEEDHAM, MA 02494 | | | | |) | Bania men arni brin cel | n Barn dælir blan | 012f3 01001 40f1 | FB! II 82 |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04222005 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | | | 4. FEI Numb 94-327 | | | | plied For t Applicable |
| Zip | Country | Zip Coun | | itry | 5. Certificate | of Status Desired | | 8.75 Add ee Required | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and | Address of New P | legistered A | jent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | Street Address | s (P.O. Box Numb | er is Not Acceptable | · •) | | |
| IALLAIA | 3000,70 32301 | | | | | | | | |
| | | | | City | | | FL | Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered | | | | | ired when reinstating) | · | DATE | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE 9. Election Campaign Financing \$5.00 May Be | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 5.00 May Be dded to Fees | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND | DIRECTORS | SIN 11 |
| TITLE NAME | P FELDMAN, GERLAND | ☐ Delete | TITE | - i | | | | Change | Addition |
| STREET ADDRESS | 21 HIGHLAND CIRCLE | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | NEEDHAM, MA 02494 | | _ | /-ST-ZIP | | | | | |
| TITLE | T TABACHNIK, WALTER | ☐ Delete | NAM NAM | | | | | ☐ Change | Addition |
| STREET ADDRESS | 7 HAMARPE | | STR | EET ADDRESS | | | | | |
| TITLE | JERUSALEM, ISRAEL, | | | Y-ST-ZIP | | | | Channa | - Addition |
| NAME | TABACHNIK, WALTER | Delete | TITL | l l | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 7 HAMARPE JERUSALEM, ISRAEL, | | | EET ADDRESS '- ST- ZIP | | | | | |
| TITLE | D | Delete | TITE | | | | - | ☐ Change | Addition |
| NAME | YARIV, GEORGE | **** | NAM | € <u>††</u> | lan Ha | 100 -00 | | | F < |
| STREET ADDRESS CITY-ST-ZIP | 7 HA MARPE JERUSALEM, ISRAEL. | | | EET ADORESS CONTROL CONTROL | Tansaler | 2 ISRA | EL 9 | 7774 | 1 |
| TITLE | D | ☐ Delete | TITL | .E | <u> </u> | <u> </u> | - | Change | Addition |
| NAME STREET ADORESS | BUBIS, YACOV 7 HA MARPE | | NAA Str | AE EET ADDRESS | | | | | |
| CITY-ST-ZIP | JERUSALEM, IS, | | | /-ST-ZIP | | | | | |
| TITLE NAME | | Delete . | TITE NAM | ì | | | | Change | ☐ Addition |
| STREET ADDRESS | | • | | EET ADDRESS | i, | 4. | | | |
| CITY+ST-ZIP | Postilis that the information and the control of the | h 🔾 (1) - A | | (-ST-ZIP | 0 | (f) Flatte 0: 1 : | 16.0 | | 4 |
| 12. I hereby certify that the information supplied with his filling opes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or purply mental report is truly and abcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the required to reverse the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other light empowered. | | | | | | | | | |
| SIGNATURE: (781) 453-0500 | | | | | | | | | |
| SIGNAL | UNE: | PRINTED NAME OF SIGNING OFFICES | 00.0000 | TOB | | | 101 | | <u> </u> |

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR