


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 019 \*\*\*150.00

<b>DOCUMENT # F02000006381</b>	
1. Entity Name CTI MOLECULAR IMAGING INC	

Principal Place of Business 810 INNOVATION DRIVE KNOXVILLE, TN 37932	Mailing Address 810 INNOVATION DRIVE KNOXVILLE, TN 37932
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00010332



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number  
62-1377363

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTT, RONALD PH.D 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached Schedule
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, JACK H 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILREATH, CLIFFREDA 804 O CONNELL DRIVE KNOXVILLE, TN 37922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, DAVID 849 POET'S CORNER WAY KNOXVILLE, TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TERRY D PH.D 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTT, RONALD PH.D 810 INNOVATION DRIVE KNOXVILLE, TN 37932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Byron D. Poy* 4/26/06 732-906-3830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Directors / Officers Report**

**ATTACHMENT** 50018932  
R02000006381

**CTI Molecular Imaging, Inc.**

**Directors**

**Michael Reitermann**

**Director**

Primary Address: Siemens Medical Solutions USA,, Inc.  
2501 North Barrington Road  
Hoffman Estates, Illinois 60195

**Stephen Schmitz**

**Director**

Primary Address:

**Officers**

**Michael Reitermann**

**Chief Executive Officer**

Primary Address: Siemens Medical Solutions USA,, Inc.  
2501 North Barrington Road  
Hoffman Estates, Illinois 60195

**Stephen Schmitz**

**Chief Financial Officer**

Primary Address:

**Jack H. McCall**

**Secretary**

Primary Address:

**Kenneth R. Meyers**

**Assistant Secretary**

Primary Address: Siemens Corporation  
153 East 53rd Street  
New York, N.Y. 10022 USA

**James R. Ruger Ph.D.**

**Assistant Secretary**

Primary Address: Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway  
Malvern, PA 19355 USA

**Deborah Pacansky**

**Assistant Secretary (Tax Purposes)**

Primary Address: Siemens Corporation  
170 Wood Avenue South  
Iselin, NJ 08830