2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam IMPAC M					7 90040 023	130.00				
Principal Plac	e of Business	Mailing Address			- 01	03187				
, ·		100 WEST EVELYN AVE.			401	00-				
		MOUNTAIN VIEW, CA 94041			•					
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Principal Place of Business - No P.O. Box # 3. Mailing Address										
	athilda Place	100 Mathilda Place			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	riy mrwii waiti awiii waii	fi mulit muint light fiult di	401 8106 14 001		
Suite, Apt.		Suite, Apt. #, etc.			04202007	Chg-P	CR2E034 (12/	06)		
City & Stat		City & State	CA.		4. FEI Number			Applied For		
	yvale, ca	Sunnyvale	-)	`	94-31092	238	<u></u>	Not Applicable		
9408		94086	Country USA		5. Certificate of	Status Desired	□ \$8.75 Fee Req	Additional quired		
	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent							
COBBOR	CORRODATION OF THE COMPANY									
	CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
	TALLAHASSEE, FL 32301									
1	·									
			City				FL Zip	Code		
8 The above	named entity submits this statement for	the oursee of changing its rec	istored office or	rooistore	ud agast or both	in the State of Et	· -	with pad assect		
the obligat	tions of registered agent.	and purpose or changing its reg	istarad offica of	ragistore	o agent, or both,	in the State of Mc	nica. Tamtamilai v	min, and accept		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signati	ure required v	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		00 May Be d to Fees							
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	TORS IN 11		
TITLE	P/D	☐ Delete	TITLE					nge 🔲 Addition		
NAME'	HOEY, JAMES P		NAME	l .		Dage .	5世 Floor			
STREET ADDRESS CITY-ST-ZIP	100 WEST EVELYN AVE		STREET ADDRESS	1			•			
	MOUNTAIN VIEW, CA 94041		CITY-ST-ZIP	Sun	nyvale,	CA 940				
TITLE	S TIETZE CONNIE E	☐ Delete	TITLE				∭ Char	nge 🔲 Addition		
NAME STREET ADDRESS	TIETZE, CONNIE F 100 WEST EVELYN AVE.		NAME STREET ADDRESS	100	Mattail	do Das	ce, 5th Flo	~~~		
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94041		CITY-ST-ZIP		•	, CA QU	•	,		
TITLE	TD		TITLE	Jur	myvan	, 5, 5				
NAME	STURM, MANFRED	Delete	NAME	1			□ Char	nge 🗌 Addition		
STREET ADDRESS	100 WEST EVELYN AVE.		STREET ADDRESS	100	Mathild	a Place.	54 Floc	٠,٢		

STOCKHOL, SWEDEN, SE-10 93 CITY-ST-ZIP 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 of frustee 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, wify a prime like empowered.

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

MOUNTAIN VIEW, CA 94041

C/O ELEKTA KUNGSTENSGATAN 18

STOCKHOLM, SWEDEN, SE-10 93

C/O ELEKTA KUNGSTENSGATAN 18

STOCKHOLM, SWEDEN, SE-10 93

C/O ELEKTA KUNGSTENSGATAN 18

LESKELL, LAURENT

GLANS, SVERKER

BENGSTROM, HAKAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sunnyvale, CA 94086

Tomas Physepp % Elekka Kungstensgatan 18

☐ Change

SE-1093

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X Addition

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IMPAC Medical Systems, Inc. 100 Mathilda Place, 5th Floor Sunnyvale, CA 94086

ATTACHMENT 40103187

Document/#F04000001241 FEIN: 94-3 109238

Directors Continued:

TITLE

NAME

Stieber, Volker Elekta Limited

STREET ADDRESS CITY-ST-ZIP

Linac House, Fleming Way,

Crawley, West Sussex RH10 9RR, UK