

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 024 ***150.00

DOCUMENT # F04000001241

1. Entity Name
IMPAC MEDICAL SYSTEMS, INC.



Principal Place of Business
100 MATHILDA PLACE
5TH FLOOR
SUNNYVALE, CA 94086

Mailing Address
100 MATHILDA PLACE
5TH FLOOR
SUNNYVALE, CA 94086

40022977



01302008 Chg-P CR2E034 (12/06)

4. FEI Number
94-3109238
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	HOEY, JAMES P	100 MATHILDA PLACE 5TH FL	SUNNYVALE, CA 94086	<input type="checkbox"/>
S	TIETZE, CONNIE F	100 MATHILDA PLACE 5TH FL	SUNNYVALE, CA 94086	<input type="checkbox"/>
TD	STURM, MANFRED	100 MATHILDA PLACE 5TH FL	SUNNYVALE, CA 94086	<input type="checkbox"/>
C	PUUSEPP, TOMAS	C/O ELEKTER KUNGSTENSGATAN 18	STOCKHOLM, SWEDEN, SE-103	<input type="checkbox"/>
D	GLANS, SVERKER	C/O ELEKTA KUNGSTENSGATAN 18	STOCKHOLM, SWEDEN, SE-10 93	<input type="checkbox"/>
D	BENGSTROM, HAKAN	C/O ELEKTA KUNGSTENSGATAN.18	STOCKHOL, SWEDEN, SE-10 93	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
Director				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" 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 the empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/08 408-830-8000
Daytime Phone #

ATTACHMENT

40022977

#F04000001241

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

Document #F04000001241

FEIN: 94-3109238

Directors Continued:

TITLE	D
NAME	Stieber, Volker
STREET ADDRESS	Elekta Limited
CITY-ST-ZIP	Linac House, Fleming Way, Crawley, West Sussex RH10 9RR, UK