

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001241

FILED
Mar 05, 2010
Secretary of State

Entity Name: IMPAC MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

100 MATHILDA PLACE
5TH FLOOR
SUNNYVALE, CA 94086

New Principal Place of Business:

Current Mailing Address:

100 MATHILDA PLACE
5TH FLOOR
SUNNYVALE, CA 94086

New Mailing Address:

FEI Number: 94-3109238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D
Name: HOEY, JAMES P
Address: 100 MATHILDA PLACE 5TH FL
City-St-Zip: SUNNYVALE, CA 94086

Title: S
Name: TIETZE, CONNIE F
Address: 100 MATHILDA PLACE 5TH FL
City-St-Zip: SUNNYVALE, CA 94086

Title: D
Name: STURM, MANFRED
Address: 100 MATHILDA PLACE 5TH FL
City-St-Zip: SUNNYVALE, CA 94086

Title: C
Name: PUUSEPP, TOMAS
Address: C/O ELEKTA KUNGSTENSGATAN 18
City-St-Zip: STOCKHOLM, SW SE-10 93

Title: D
Name: GLANS, SVERKER
Address: C/O ELEKTA KUNGSTENSGATAN 18
City-St-Zip: STOCKHOLM,, SW SE-10 93

Title: D
Name: BENGSTROM, HAKAN
Address: C/O ELEKTA KUNGSTENSGATAN 18
City-St-Zip: STOKHOLM, SW SE-10 93

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: JAMES P. HOEY

PRES

03/05/2010

Electronic Signature of Signing Officer or Director

Date