2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F07000006204

Entity Name: GIVEN IMAGING, INC.

Current Principal Place of Business:

3950 SHACKLEFORD RD., SUITE 500
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

3950 SHACKLEFORD RD., SUITE 500
DULUTH, GA 30096

New Mailing Address:

FEI Number: 58-2529746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: ROWLAND, CHRISTOPHER
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: V ( ) Delete
Name: CORDELL, ED
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: S ( ) Delete
Name: RUBEY, KEVIN
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: CEO ( ) Delete
Name: SHAMIR, NACHUM
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: CFO ( ) Delete
Name: YANAL, YUVAL
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete
Name: MURRAY, STEVE
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHAMIR, NACHUM
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: D (X) Change ( ) Addition
Name: BIRGER, DORON
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: S (X) Change ( ) Addition
Name: WARSHAVSKI, IDO
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CORNELIUS, JAMES
Address: 3950 SHACKLEFORD RD., SUITE 500
City-St-Zip: DULUTH, GA 30096

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANDY HENDRICKS POA 04/29/2008

Electronic Signature of Signing Officer or Director — Date