2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# F07000006204

Entity Name: GIVEN IMAGING, INC.

Current Principal Place of Business:

3950 SHACKLEFORD RD, STE 500
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

3950 SHACKLEFORD RD, STE 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: SHAMIR, NACHUM HOMI
Address: 3950 SHACKLEFORD RD, STE 500
City-St-Zip: DULUTH, GA 30096

Title: SDIR
Name: RUBEY, KEVIN
Address: 3950 SHACKLEFORD RD, STE 500
City-St-Zip: DULUTH, GA 30096

Title: CFO
Name: CORDELL, ED
Address: 3950 SHACKLEFORD RD, STE 500
City-St-Zip: DULUTH, GA 30096

Title: VP
Name: MURRAY, STEVE
Address: 3950 SHACKLEFORD RD, STE 500
City-St-Zip: DULUTH, GA 30096

Title: DIR
Name: YANAI, YUVAL
Address: 3950 SHACKLEFORD RD, STE 500
City-St-Zip: DULUTH, GA 30096

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: MANDY HENDRICKS POA 03/17/2011

Electronic Signature of Signing Officer or Director Date