2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006204

Entity Name: GIVEN IMAGING, INC.

Apr 03, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3950 SHACKLEFORD RD, STE 500 3950 SHACKLEFORD RD, STE 500 DULUTH, GA 30096

DULUTH, GA 30096 US

Current Mailing Address: New Mailing Address:

3950 SHACKLEFORD RD, STE 500 3950 SHACKLEFORD RD, STE 500

DULUTH, GA 30096 DULUTH, GA 30096 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: CEOD

SHAMIR, NACHUM HOMI Name:

3950 SHACKLEFORD RD, STE 500 Address:

City-St-Zip: DULUTH, GA 30096 US

Title: SDIR

Name: RUBEY, KEVIN

3950 SHACKLEFORD RD, STE 500 Address:

DULUTH, GA 30096 US City-St-Zip:

Title: CFO

CORDELL, ED Name:

3950 SHACKLEFORD RD, STE 500 Address:

City-St-Zip: DULUTH, GA 30096 US

Title: VΡ

MURRAY, STEVE Name:

Address: 3950 SHACKLEFORD RD, STE 500

City-St-Zip: DULUTH, GA 30096 US

Title: DIR

Name: YANAI, YUVAL

Address: 3950 SHACKLEFORD RD. STE 500

City-St-Zip: DULUTH, GA 30096 US

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: BRITNI WIGE POA 04/03/2012