

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90129 009 \*\*\*150.00

**DOCUMENT # F94000000353**



1. Entity Name  
**DIASONICS ULTRASOUND, INC.**

Principal Place of Business  
**2860 DE LA CRUZ BLVD  
SANTA CLARA, CA 95050 US**

Mailing Address  
**PO BOX 2216  
SCHENECTADY, NY 12301-2216 US**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**77-0335612**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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, 2004 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

**D** ☒ Delete  
**MORGAN, KEITH J**  
**260 LONGVIEW BLVD**  
**STAMFORD, CT 06927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**ATVP**  
**BUCHANAN, MARK E**  
**12 CORPORATE WOODS BOULEVARD**  
**ALBANY, NY 12211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**T**  
**DENTEN, ROBERT**  
**3000 N GRANDVIEW BLVD**  
**WAUKESHA, WI 53188**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**P**  
**ISHRAK, OMAR**  
**3000 N GRANDVIEW BLVD**  
**WAUKESHA, WI 53188**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**S**  
**KLEIN, ROBERT H JR**  
**12 CORPORATE WOODS BOULEVARD**  
**ALBANY, NY 12211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
**VPAT**  
**MELITA, BARBARA A**  
**12 CORPORATE WOODS BOULEVARD**  
**ALBANY, NY 12211**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
**DIRECTOR**  
**PETER Y. SOLMSEN**  
**3000 N. GRANDVIEW BLVD.**  
**WAUKESHA, WI 53188**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

*Barbara A Melita*

**VP & ASST TREASURER**

*4/22/04*

**(518)433-4337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #