

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **F94000002125 (2)**

1. Corporation Name

**OHMEDA MEDICAL DEVICES DIVISION INC.**



Principal Place of Business

1800 WILLIAMS DRIVE  
OXNARD CA 93030

Mailing Address

575 MOUNTAIN AVENUE  
MURRAY HILL NJ 07974

3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>33-0194824</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature based on production of certified copies of the corporation's records.

Signature of Registered Agent required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PEPPER, JOSEPH W 110 ALLEN ROAD LIBERTY CORNER N.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS BONNES, CHARLES A 34 GRAMERCY PARK EAST NEW YORK NY 10003	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP STOLL, ROGER G 106 CLEARVIEW LANE NEW CANAAN CT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	AT SYMANSKI, ROBERT 16 SUSAN DRIVE CHATHAM TWP NU 07928	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT BOYCE, JAMES A 10 ACADEMY COURT BEDMINISTER NJ 07921	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT STEVENS, ROBERT P 7 MOUNTAINVIEW ROAD MORRIS PLAINS NJ 07950	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	7 Mountview Road
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*J.A. Boyce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.A. Boyce Assistant Treasurer 4/15/96 908-665-2400

CR2E034 (12/95)

F94000002125  
**OHMEDA MEDICAL DEVICES DIVISION INC.**  
(formerly SPECTRAMED, INC.)  
(a Delaware Corporation)

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575 Mountain Avenue  
Murray Hill, NJ 07974

**OFFICERS**

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS*</u>
Joseph W. Pepper	President	25 Hillcrest Avenue Summit, NJ 07901 115-26-7064
Roger G. Stoll	Vice President	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	Vice President and Secretary	34 Gramercy Park East New York, NY 10003 100-32-0009
John C. Hertig	Vice President	160 Jockey Hollow Road Bernardsville, NJ 07924 195-44-1593
C. Barry Kydd	Vice President, Finance	Two Summer Lane Califon, NJ 07830 158-88-8407
Rene Medori	Vice President	16 Glenmere Drive Chatham Twp, NU 07928 158-88-8407
Robert A. Symanski	Assistant Treasurer	16 Susan Drive Chatham, NJ 07928 070-36-4250
James A. Boyce	Assistant Treasurer	10 Academy Court Bedminster, NJ 07921 017-34-2531

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**OHMEDA MEDICAL DEVICES DIVISION INC.**  
(formerly SPECTRAMED, INC.)  
(a Delaware Corporation)

**OFFICERS**

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS*</u>
Robert P. Stevens	Assistant Treasurer	7 Mountview Road Morris Plains, NJ 07950 268-38-3141
James P. Blake	Assistant Secretary	5 Cambridge Court Randolph, NJ 07869 271-48-1482
Richard A. Rocchini	Assistant Secretary	RD1-Box 751, Backhus Rd Glen Gardner, NJ 08826 153-52-3535
Paul E. Stolzer	Assistant Secretary	6 Ryan Way Bridgewater, NJ 08807 076-40-5023

**DIRECTORS**

<u>NAME</u>	<u>HOME ADDRESS*</u>
Roger G. Stoll	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	34 Gramercy Park East New York, NY 10003 100-32-0009
Rene Medori	16 Glenmere Drive Chatham Twp, NU 07928 158-88-8407

\*Business Address: 575 Mountain Avenue, Murray Hill, NJ 07974