

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002125

FILED
Apr 26, 2004
Secretary of State

Entity Name: OHMEDA MEDICAL DEVICES DIVISION INC.

Current Principal Place of Business:

575 MOUNTAIN AVE
MURRAY HILL, NJ 07974

New Principal Place of Business:

575 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974

Current Mailing Address:

575 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974

New Mailing Address:

FEI Number: 33-0194824 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: VDS () Delete
Name: BLAKE, JAMES P
Address: 5 CAMBRIDGE CT
City-St-Zip: RANDOLPH, NJ 07869

Title: AT () Delete
Name: BOYCE, JAMES A
Address: 44 W 62ND ST
City-St-Zip: NEW YORK, NY 10023

Title: T () Delete
Name: BROOKS, DAVID L
Address: 1 RAMBLING DRIVE
City-St-Zip: SCOTCH PLAINS, NJ 07076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AT (X) Change () Addition
Name: BOYCE, JAMES A
Address: 6 GEORGIA COURT
City-St-Zip: BASKIN RIDGE, NJ 07920

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A. BOYCE

AT

04/26/2004

Electronic Signature of Signing Officer or Director

Date