

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002125

FILED
Apr 30, 2007
Secretary of State

Entity Name: OHMEDA MEDICAL DEVICES DIVISION INC.

Current Principal Place of Business:

575 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974

New Principal Place of Business:

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: ATD () Delete
Name: BOYCE, JAMES A
Address: 1 STONEHEDGE
City-St-Zip: MILLINGTON, NJ 07946

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

Title: AS () Delete
Name: STOLZLER, PAUL E
Address: 6 RYAN WAY
City-St-Zip: BRIDGEWATER, NJ 08807

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MURPHY, PATRICK F
Address: 575 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: CFO (X) Change () Addition
Name: WOWK, ROBERT
Address: 575 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: SEC (X) Change () Addition
Name: WELLER, MARK D
Address: 575 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: T (X) Change () Addition
Name: HOY, JONATHAN P
Address: 575 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: AT () Change (X) Addition
Name: BOYCE, JAMES A
Address: 575 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date