2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# F94000002877

Entity Name: INSTRUMENTARIUM IMAGING, INC.

Current Principal Place of Business:

300 W. EDGERTON AVE.
MILWAUKEE, WI 53207

New Principal Place of Business:

Current Mailing Address:

300 W. EDGERTON AVE.
MILWAUKEE, WI 53207

New Mailing Address:

FEI Number: 04-3001477 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LINDBERG, FOLKE
Address: 300 W. EDGERTON AVE.
City-St-Zip: MILWAUKEE, WI 53207

Title: P ( ) Delete
Name: PALAZZOLA, MICHAEL
Address: 300 W. EDGERTON AVE.
City-St-Zip: MILWAUKEE, WI 53207

Title: S ( ) Delete
Name: HAUTANIEMI, EERO
Address: 300 W. EDGERTON AVE.
City-St-Zip: MILWAUKEE, WI 53207

Title: ATV ( ) Delete
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: SOTAMAA, RITVA
Address: 9900 W. INNOVATION DRIVE
City-St-Zip: WAUWATOSA, WI 53226

Title: P (X) Change ( ) Addition
Name: ISHRAK, S. OMAR
Address: 9900 W. INNOVATION DRIVE
City-St-Zip: WAUWATOSA, WI 53226

Title: T (X) Change ( ) Addition
Name: SCHENKEL, SCOTT F
Address: 9900 W. INNOVATION DRIVE
City-St-Zip: WAUWATOSA, WI 53226

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

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: BARBARA A. CAMERON ATV 05/01/2007

Electronic Signature of Signing Officer or Director Date