

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005127

FILED
Jun 17, 2011
Secretary of State

Entity Name: HITACHI MEDICAL SYSTEMS AMERICA, INC.

Current Principal Place of Business:

1959 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087 US

New Principal Place of Business:

Current Mailing Address:

1959 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087 US

New Mailing Address:

FEI Number: 34-1619915

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

OFFICERS AND DIRECTORS:

Title: P
Name: DONALD, BROOMFIELD
Address: 1959 SUMMIT COMMERCE PARK
City-St-Zip: TWINSBURG, OH 44087 US

Title: S
Name: ALAN, NEUWIRTH
Address: 101 PARK AVENUE
City-St-Zip: NEW YORK, NY 10087 US

Title: V
Name: RICHARD, KURZ
Address: 1959 SUMMIT COMMERCE PARK
City-St-Zip: TWINSBURG, OH 44087 US

Title: V
Name: JAMES, CONFER
Address: 1959 SUMMIT COMMERCE PK
City-St-Zip: TWINSBURG, OH 44087 US

Title: V
Name: SHELDON, SCHAFFER
Address: 1959 SUMMIT COMMERCE PK
City-St-Zip: TWINSBRUG, OH 44087 US

Title: V
Name: KATZ, RICHARD
Address: 1959 SUMMIT COMMERCE PK
City-St-Zip: TWINSBURG, OH 44087 US

I hereby 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 all other like empowered.

SIGNATURE: KURZ RICHARD

V

06/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date