2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Mar 03, 2002 8:00 am Secretary of State **DOCUMENT#** F96000002366 1. Entity Name 03-03-2002 90105 037 ***150.00 OSI SYSTEMS, INC. Principal Place of Business Mailing Address 3715 NORTHSIDE PARKWAY, BLDG 200 3715 NORTHSIDE PARKWAY, BLDG 200 STE 500 ATLANTA GA 30327 ATLANTA GA 30327 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1742206 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-SEBERO, AMY Street Address (P.O. Box Number is Not Acceptable) 8714 MAHOGANY AVE FT. LAUDERDALE FL: 33324 Zip Code City 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Delete NAME NAME **BUCKLEY, PATRICK** STREET ADDRESS STREET ADDRESS 1223 BEECH VALLEY ROAD CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30306 [☐] Change ☐ Addition Delete TITLE TITLE NAME NAME ' Sullivan, dan 🗟 STREET ADDRESS 1100 JOHNSON FERRY RD STE 210 STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30342 [=] Change Addition TITLE ☐ Delete TITLE TD NAME NAME BUCKLEY, EVELYN STREET ADDRESS STREET ADDRESS 2878 CLEAR BROOK DRIVE CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30068 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if

fike empowered

FILED

Daytime Phone #