

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90288 006 ***150.00

DOCUMENT # F97000001758

1. Entity Name
ELEKTA ONCOLOGY SYSTEMS, INC.



Principal Place of Business
**3155 NORTHWOODS PKWY NW
NORCROSS GA 30071
US**

Mailing Address
**3155 NORTHWOODS PKWY NW
NORCROSS GA 30071
US**



2. Principal Place of Business

4775 Peachtree Industrial Blvd

3. Mailing Address

4775 PEACHTREE INDUSTRIAL BLVD

Suite, Apt. #, etc.

Building 300, Suite 300

Suite, Apt. #, etc.

BUILDING 300, SUITE 300

City & State

Norcross, GA

City & State

NORCROSS, GA

Zip

Country

30092

Zip

Country

30092

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2285938**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **PUUSEPP, TOMAS**
STREET ADDRESS **2015 WESTBORNE WAY**
CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE **VP** ☐ Delete
NAME **GACCIONE, PETER**
STREET ADDRESS **3715 VILLAGAE WALK DRIVE**
CITY-ST-ZIP **NORCROSS GA 30092**

TITLE **S** ☐ Delete
NAME **CARGILL, MASON**
STREET ADDRESS **3500 SUNTRUST PLAZA, 303 PEACHTREE ST**
CITY-ST-ZIP **ATLANTA GA 30308-3242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S GROME, RICHARD**
STREET ADDRESS **4775 PEACHTREE INDUSTRIAL BLVD, BLDG 300, STE 300**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE ☐ Change ☒ Addition
NAME **QUAGLIANI, DENNIS**
STREET ADDRESS **4775 PEACHTREE INDUSTRIAL BLVD, BLDG 300, STE 300**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **FARMER, ROD**
CITY-ST-ZIP **4775 PEACHTREE INDUSTRIAL BLVD, BLDG 300, STE 300**
NORCROSS, GA 30092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature Required

2/13/03

770-670-2375

Date

Daytime Phone #

CR2E034 (10/02)