## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000002133

Entity Name: GETINGE USA, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	HENRIETTA ER, NY 1462				
Current Mailing Address:			New Mailir	New Mailing Address:	
	HENRIETTA ER, NY 1462				
FEI Number:	87-0287585	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230				
	named entity s of Florida.	submits this statement for the purpo	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPSO () COOKE, TERR 1777 EAST HEI ROCHESTER, I	NRIETTA ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	PD ( ) Change (X) Addition CSEREY, ANDREW 1777 EAST HENRIETTA ROAD ROCHESTER, NY 14623	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	VPSE () Change (X) Addition FOGELBERG, JONAS 1777 EAST HENRIETTA ROAD ROCHESTER, NY 14623	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition FRY, JAMES 1777 EAST HENRIETTA ROAD ROCHESTER, NY 14623	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition MALMQUIST, JOHAN PO BOX 69, EKEBERGS VAGEM 26 GETINGE, SE 31044 SE	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change (X) Addition GRUNANDER, ULF PO BOX 69, EKEBERGS VAGEM 26 GETINGE, SE 31044 SE	

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: JONAS FOGELBERG VP 04/24/2007