

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90065 027 \*\*\*150.00

DOCUMENT # F98000001099

1. Corporation Name  
SOMANETICS CORPORATION

Principal Place of Business  
1653 E. MAPLE RD  
TROY MI 48063

Mailing Address  
1653 E. MAPLE RD  
TROY MI 48063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/26/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		38-2394784	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D
NAME	WALLACE, H. RAYMOND	1.2 NAME	ROBERT R. HENRY
STREET ADDRESS	1653 E. MAPLE RD	1.3 STREET ADDRESS	1653 E. MAPLE RD.
CITY-ST-ZIP	TROY MI 48063	1.4 CITY-ST-ZIP	TROY, MI 48063
TITLE	D	2.1 TITLE	S
NAME	FOLLIS, DANIEL	2.2 NAME	MARY ANN VICTOR
STREET ADDRESS	1653 E. MAPLE RD	2.3 STREET ADDRESS	1653 E. MAPLE RD.
CITY-ST-ZIP	TROY MI 48063	2.4 CITY-ST-ZIP	TROY, MI 48063
TITLE	D	3.1 TITLE	VT
NAME	AUSMAN, JAMES DR	3.2 NAME	RAYMOND W. GUNN
STREET ADDRESS	1653 E. MAPLE RD	3.3 STREET ADDRESS	1653 E. MAPLE RD.
CITY-ST-ZIP	TROY MI 48063	3.4 CITY-ST-ZIP	TROY, MI 48063
TITLE	PD	4.1 TITLE	
NAME	BARRETT, BRUCE J	4.2 NAME	
STREET ADDRESS	1653 E. MAPLE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48063	4.4 CITY-ST-ZIP	
TITLE	VST	5.1 TITLE	
NAME	GUNN, RAYMOND W	5.2 NAME	
STREET ADDRESS	44392 BAYVIEW #47212	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLINTON TWP MI 48038	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND W. GUNN

Date

2/3/99

Daytime Phone #

248 689-3050

CR2E034 (11/98)