2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # F98000003502 04-26-2005 90151 047 ***150.00 1. Entity Name SONOSITE, INC. Principal Place of Business Mailing Address 21919 30TH DRIVE SE 21919 30TH DRIVE SE BOTHELL, WA 98021-3904 BOTHELL, WA 98021-3904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 91-1405022 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Fiorida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director of Finance & Assistant Traducer Change TITLE PD ☐ Detete TITLE Addition Robert Belknap 21919 30th Drive SE GOODWIN, KEVIN NAME NAME STREET ADDRESS 21919 30TH DR SE STREET ADDRESS Bothell, WA 98021-5904 CITY-ST-ZIP BOTHELL, WA 980213904 CITY-ST-ZIP vs TITLE ☐ Delete TITLE Change ■ Addition SURACE-SMITH, KATHRYN NAME NAME STREET ADDRESS 21919 30TH DR SE STREET ADDRESS CITY-ST-7IP BOTHELL, WA 980213904 CITY-ST-ZIP CFOT Change ☐ Delete TITLE ☐ Addition TITLE NAME SCHUH, MICHAEL NAME STREET ADDRESS 21919 30TH DR SE STREET ADDRESS CITY-ST-ZIP BOTHELL, WA 980213904 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME GARRETT, BRAD NAME STREET ADDRESS 21919 30TH DR SE STREET ADDRESS CITY-ST-ZIP BOTHELL, WA 980213904 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition DICKSON, RON NAME NAME STREET ADDRESS 21919 30TH DR, S.E. STREET ADDRESS CITY-ST-ZIP BOTHELL, WA 980213904 CITY-ST-ZIP TITLE **₩** Delete TITLE ☐ Change ☐ Addition WALTON, DAN NAME NAME STREET ADDRESS 21919 30TH DR. S.E. STREET ADDRESS BOTHELL, WA 980213904 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 of 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.

FILED