

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001108

Entity Name: GE HEALTHCARE IITS, LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

540 WEST NORTHWEST HWY  
BARRINGTON, IL 60010 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2216  
SCHENECTADY, NY 123012216 US

**New Mailing Address:**

FEI Number: 77-0699607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GE HEALTHCARE IT HOLDING LLC  
Address: 540 NORTHWEST HIGHWAY  
City-St-Zip: BARRINGTON, IL 60010 US

Title: MGRM  
Name: INSTRUMENTARIUM INTERNATIONAL OY  
Address: KUORTANEENKATU 2  
City-St-Zip: HELSINKI, NA 00510 FI

Title: MGRM  
Name: GE INFRASTRUCTURE INC  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA A CAMERON

MGR

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date