

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P20778

1. Entity Name
**GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES,
INC.**



Principal Place of Business
**8200 WEST TOWER AVENUE
MILWAUKEE, WI 53223 US**

Mailing Address
**P.O. BOX 2216
SCHENECTADY, NY 12301-2216 US**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1046671

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	WILSON, DOW R
STREET ADDRESS	8200 W. TOWER AVE.
CITY-ST-ZIP	MILWAUKEE, WI 53223
TITLE	CFOV
NAME	SCHENKEL, SCOTT F
STREET ADDRESS	8200 W. TOWER AVE
CITY-ST-ZIP	MILWAUKEE, WI 53223
TITLE	VSD
NAME	KROP, PAMELA S
STREET ADDRESS	8200 W. TOWER AVE.
CITY-ST-ZIP	MILWAUKEE, WI 53223
TITLE	VAS
NAME	CAMERON, BARBARA A
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	AT
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOODS BOULEVARD
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000556719
05/17/06-80021-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **BARBARA A. CAMERON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(518) 433-4437

Daytime Phone #