2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P20778

Entity Name: GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES, INC.

Current Principal Place of Business:

8200 WEST TOWER AVENUE
MILWAUKEE, WI 53223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216 US

New Mailing Address:

FEI Number: 39-1046671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

Title: P ( ) Delete
Name: ISHRAK, OMAR
Address: 3000 N. GRANDVIEW BLVD.,
City-St-Zip: WAUKESHA, WI 53188

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: BARBARA
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211 US

Title: P (X) Change ( ) Addition
Name: OMAR
Address: 3000 N. GRANDVIEW BLVD.
City-St-Zip: WAUKESHA, WI 53188 US

Title: D ( ) Change (X) Addition
Name: SOTAMAA, RITVA
Address: 9900 W INNOVATION DR
City-St-Zip: WAUWATOSA, WI 53226 US

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: BARBARA A CAMERON V 04/27/2009

Electronic Signature of Signing Officer or Director Date