File Now. Filing Fee after May 1 is $225.00

APPROVED AND FILED
95 MAY -1 AM 9:22
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # P23918

Toshiba American Medical Systems

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/17/1989
3a. Date of Last Report: 5/01/94

If above mailing address is incorrect in any way, make corrections above and write correction in Block 2

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 68-0178440 — Applied For ☐ Not Applicable ☐

2. Mailing Address	2a. Principle Place of Business
21 2441 MICHELLE DR	26 2441 MICHELLE DR
22 Suite, Apt. #, etc. P.O. BOX 2068	27 Suite, Apt. #, etc. P.O. BOX 2068
23 City & State IRVINE, CA	28 City & State IRVINE, CA
24 Zip 92681-2068 25 Country	29 Zip 92681-2068 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
11 TITLE	PRESIDENT/DIR	11 TITLE	
12 NAME	SUMIKAWA, KUNIO	12 NAME	
13 ADDRESS	2441 MICHELLE DR	13 ADDRESS	
14 CITY-ST-ZIP	IRVINE, CA 92681-2068	14 CITY-ST-ZIP	
21 TITLE	SVP/S	21 TITLE	
22 NAME	MURAOKA, FUMIO	22 NAME	
23 ADDRESS	2441 MICHELLE DR	23 ADDRESS	
24 CITY-ST-ZIP	IRVINE, CA 92681-2068	24 CITY-ST-ZIP	
31 TITLE	SVP/AS	31 TITLE	
32 NAME	FRIEDBERG, FREDRIC J.	32 NAME	800001493068
33 ADDRESS	2441 MICHELLE DR	33 ADDRESS	-05/18/95--01025--015
34 CITY-ST-ZIP	IRVINE, CA 92681-2068	34 CITY-ST-ZIP	****200.00 ****200.00
41 TITLE	D	41 TITLE	
42 NAME	OKATOMI, TAKESHI	42 NAME	
43 ADDRESS	1251 AVENUE OF THE AMERICANS, 41ST FL	43 ADDRESS	
44 CITY-ST-ZIP	NEW YORK, NY 10020	44 CITY-ST-ZIP	
51 TITLE	D	51 TITLE	
52 NAME	HASEGAWA, MOTOHIKO	52 NAME	
53 ADDRESS	1-1 SHIBAURA, 1-CHOME, MINATO-KU	53 ADDRESS	
54 CITY-ST-ZIP	TOKYO, 105 JAPAN	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 ADDRESS		63 ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (11-92)

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE _____ DATE 4/24/95

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
FREDRIC J FRIEDBERG	SVP/ASST SEC.	(714) 730-5000

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.
LIST OF OFFICERS AND DIRECTORS
AS OF 06/29/94
SOURCE: FREDRIC FRIEDBERG

OFFICERS	TITLE	SS#	ADDRESS
KUNIO SUMIKAWA	PRESIDENT	623-52-5259	2441 MICHELLE DR., P.O.BOX 2068 TUSTIN, CA 92681-2068
FUMIO MURAOKA	S.V.P. TREASURER/ SECRETARY	619-56-2286	2441 MICHELLE DR., P.O.BOX 2068 TUSTIN, CA 92681-2068
FREDRIC J. FRIEDBERG	S.V.P. / ASST. SECRETARY	147-34-0014	2441 MICHELLE DR., P.O.BOX 2068
PETER N.S. ANNAND	S.V.P. SALES, SERVICES MARKETING	615-01-1957	2441 MICHELLE DR., P.O.BOX 2068

DIRECTOR	TITLE	SS#	ADDRESS
KUNIO SUMIKAWA	DIRECTOR	623-52-5259	2441 MICHELLE DR., P.O.BOX 2068 TUSTIN, CA 92681-2068
TAKESHI OKATOMI	DIRECTOR		1251 AVENUE OF THE AMERICANS 41ST FLOOR NEW YORK, NY 10020
MOTOHIKO HASEGAWA	DIRECTOR		TOSHIBA CORPORATION MEDICAL SYSTEMS DIVISION 1-1, SHIBAURA, 1-CHOME MINATO-DU, TOKYO 105 JAPAN

mo c:\excel\data\amedir