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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P23918 (6)

1. Corporation Name  
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.



Principal Place of Business Mailing Address  
2441 MICHELLE DRIVE 2441 MICHELLE DRIVE  
P.O. BOX 2068 P.O. BOX 2068  
TUSTIN CA 92681-2068 TUSTIN CA 92781-2068

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 92780 Country 28 Zip 92780 Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/17/1989 04/04/1996  
4. FEI Number Applied For  
68-0178440 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees  
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 S. PINE ISLAND ROAD  
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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-1-97

| 12. OFFICERS AND DIRECTORS |                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | PD                                      | 11 TITLE                                              | PRESIDENT             |
| NAME                       | SUMIKAWA, KUNIO                         | 12 NAME                                               | KATSURADA, MASAHICHI  |
| STREET ADDRESS             | 2441 MICHELLE DR                        | 13 STREET ADDRESS                                     | 2441 MICHELLE DR      |
| CITY-ST-ZIP                | TUSTIN CA 92681-2068                    | 14 CITY-ST-ZIP                                        | TUSTIN, CA 92780-2068 |
| TITLE                      | SVST                                    | 21 TITLE                                              |                       |
| NAME                       | MURAOKA, FUMIO                          | 22 NAME                                               |                       |
| STREET ADDRESS             | 2441 MICHELLE DR.                       | 23 STREET ADDRESS                                     |                       |
| CITY-ST-ZIP                | TUSTIN CA 92681-2068                    | 24 CITY-ST-ZIP                                        | TUSTIN, CA 92780-2068 |
| TITLE                      | SCAS                                    | 31 TITLE                                              |                       |
| NAME                       | FRIEDBERG, FREDRIC J                    | 32 NAME                                               |                       |
| STREET ADDRESS             | 2441 MICHELLE DR.                       | 33 STREET ADDRESS                                     |                       |
| CITY-ST-ZIP                | TUSTIN CA 92681-2068                    | 34 CITY-ST-ZIP                                        | TUSTIN, CA 92780-2068 |
| TITLE                      | D                                       | 41 TITLE                                              |                       |
| NAME                       | OKATOMI, TAKESHI                        | 42 NAME                                               |                       |
| STREET ADDRESS             | 1251 AVENUE OF THE AMERICAS, 41ST FLOOR | 43 STREET ADDRESS                                     |                       |
| CITY-ST-ZIP                | NEW YORK NY 10020                       | 44 CITY-ST-ZIP                                        | TUSTIN, CA 92780-2068 |
| TITLE                      | D                                       | 51 TITLE                                              |                       |
| NAME                       | HASEGAWA, MASAHICO                      | 52 NAME                                               |                       |
| STREET ADDRESS             | 1-1 SHIBAURA, 1-CHOME, MINATO-DW        | 53 STREET ADDRESS                                     |                       |
| CITY-ST-ZIP                | TOKYO JA 105JA-PAN                      | 54 CITY-ST-ZIP                                        | TUSTIN, CA 92780-2068 |
| TITLE                      |                                         | 61 TITLE                                              |                       |
| NAME                       |                                         | 62 NAME                                               |                       |
| STREET ADDRESS             |                                         | 63 STREET ADDRESS                                     |                       |
| CITY-ST-ZIP                |                                         | 64 CITY-ST-ZIP                                        |                       |

14. I do 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 annual report, supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or is changed upon an attachment with an address.

SIGNATURE SIGNATURE DATE DATE

**TOSHIBA AMERICA MEDICAL SYSTEMS, INC.**  
**LIST OF OFFICERS AND DIRECTORS**  
**AS OF 06/07/96**  
**SOURCE: FREDRIC FRIEDBERG**

| OFFICERS             | TITLE                                            | SS#         | ADDRESS                                                     |
|----------------------|--------------------------------------------------|-------------|-------------------------------------------------------------|
| MASAMICHI KATSURADA  | PRESIDENT                                        | 615-90-3719 | 2441 MICHELLE DR.,<br>P.O.BOX 2068<br>TUSTIN, CA 92781-2068 |
| FUMIO MURAOKA        | S.V.P. TREASURER/<br>CHIEF FINANCIAL OFFICER     | 619-56-2286 | 2441 MICHELLE DR.,<br>P.O.BOX 2068<br>TUSTIN, CA 92781-2068 |
| FREDRIC J. FRIEDBERG | S.V.P. / SECRETARY<br>GENERAL COUNSEL            | 147-34-0014 | 2441 MICHELLE DR.,<br>P.O.BOX 2068<br>TUSTIN, CA 92781-2068 |
| PETER N.S. ANNAND    | S.V.P. SALES, SERVICES<br>MARKETING & ULTRASOUND | 615-01-1957 | 2441 MICHELLE DR.,<br>P.O.BOX 2068<br>TUSTIN, CA 92781-2068 |

| DIRECTOR            | TITLE    | SS#         | ADDRESS                                                                                                    |
|---------------------|----------|-------------|------------------------------------------------------------------------------------------------------------|
| MASAMICHI KATSURADA | DIRECTOR | 615-90-3719 | 2441 MICHELLE DR.,<br>P.O.BOX 2068<br>TUSTIN, CA 92781-2068                                                |
| TAKESHI OKATOMI     | DIRECTOR | 115-82-6450 | 1251 AVENUE OF THE AMERICAS<br>41ST FLOOR<br>NEW YORK, NY 10020                                            |
| MASAHIKO HASEGAWA   | DIRECTOR |             | TOSHIBA CORPORATION<br>MEDICAL SYSTEMS DIVISION<br>1-1, SHIBAURA, 1-CHOME<br>MINATO-KU, TOKYO<br>105 JAPAN |