2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23918

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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2441 MICHELLE DR PO BOX 2068

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DENTICE, LAWRENCE

TUSTIN, CA 927812068

FILED Apr 16, 2009 Secretary of State

Entity Name: TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

Current Principal Place of Business: New Principal Place of Business: 2441 MICHELLE DRIVE 2441 MICHELLE DRIVE P.O. BOX 2068 TUSTIN, CA 92780 **TUSTIN, CA 92780 New Mailing Address: Current Mailing Address:** 2441 MICHELLE DRIVE P.O. BOX 2068 **TUSTIN, CA 92780** US FEI Number: 68-0178440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ABBOTT, KEVIN B Name: Name: ABBOTT, KEVIN B 2441 MICHELLE DR 2441 MICHELLE DR Address: Address: City-St-Zip: **TUSTIN, CA 92780** City-St-Zip: TUSTIN, CA 92781 US SCAS Title: **VPS** Title: () Delete (X) Change () Addition Name: FRIEDBERG, FREDRIC J Name: FRIEDBERG, FREDRIC J 2441 MICHELLE DR. 2441 MICHELLE DR. Address: Address: TUSTIN, CA TUSTIN, CA 92781 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition NOLAN, CARY J NOLAN, CARY J Name: Name: 2441 MICHELLE DR 2441 MICHELLE DR Address: Address: City-St-Zip: **TUSTIN, CA 92780** City-St-Zip: TUSTIN, CA 92781 US Title: () Delete Title: (X) Change () Addition TSUNAKAWA, SATOSHI MIYAGUCHI, TOSHIYA Name: Name: Address: 2441 MICHELLE DR PO BOX 2068 Address: 2441 MICHELLE DR City-St-Zip: TUSTIN, CA 927812068 City-St-Zip: TUSTIN, CA 92781 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VGM

DENTICE, LAWRENCE

TUSTIN, CA 92781 US

UCHIIKE, TORU

2441 MICHELLE DR PO BOX 2068

1251 AVE OF THE AMERICAS

NEW YORK CITY, NY 90781 US

(X) Change () Addition

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SIGNATURE: KEVIN ABBOTT CFO 04/16/2009