No. C 197731		Due no later than Mar 31, 2018	2. Registered A	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form	AND AND AND ADDRESS OF THE PARTY OF THE PART				
		1. Mailing Address: Correct in this box if needed. SIEMENS MEDICAL SOLUTIONS USA , INC. DEBBIE PYLE 3850 QUADRANGLE BLVD US TAX DEPT, MS AFS-466	921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
		ORLANDO FL 32817					
4. Corporations: Enter I	Names and Busin	ess Addresses of President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID PACI	TTI 40 LIBERTY BLVD	MALVERN	PA	USA	19355	
VICE PRESIDENT	ANN CUSTIN		MALVERN	PA	USA	19355	
TREASURER	ANN CUSTIN		MALVERN	PA	USA	19355	
VICE PRESIDENT KEVIN ROYER			MALVERN	PA	USA	19355	
SECRETARY	KEVIN ROYE		MALVERN	PA	USA	19355	
DIRECTOR	DAVID PACI		MALVERN	PA	USA	19355	
DIRECTOR	ANN CUSTIN	40 LIBERTY BLVD	MALVERN	PA	USA	19355	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: PAULA KIEFER	Date: 03/26/2018				
C 197731		Name (type or print): PAULA KIEFER	Title: AUTHORIZED AGENT				
Processed 03/26/2018		* Electronically provided signatures are accepted as original s	ignatures.				