

1.) CORPORATION NAME:

Siemens Medical Solutions USA, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F0426694**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 51 VALLEY STREAM PKWY

CITY/ST/ZIP: MALVERN, PA 19355-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: NELSON HILL
TITLE: PRESIDENT
ADDRESS: 51 VALLEY STREAM PARKWAY
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

NAME: THOMAS RACKOW
TITLE: EXEC VP/TREAS
ADDRESS: 51 VALLEY STREAM PARKWAY
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

NAME: ALAN GOTLIFFE
TITLE: ASST SECRETARY
ADDRESS: 170 WOOD AVENUE SOUTH
CITY/ST/ZIP/CO: ISELIN, NJ 08830-

OFFICER

DIRECTOR

NAME: ERIC SPIEGEL
TITLE: DIRECTOR
ADDRESS: 601 PENNSYLVANIA AVENUE, NW, NORTH BUILDING,
SUITE 1100
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: CHARLES DEARBORN
TITLE: ASST SECRETARY
ADDRESS: 511 BENEDICT AVE
CITY/ST/ZIP/CO: TARRYTOWN, NY 10591-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ALAN GOTLIFFE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ALAN GOTLIFFE, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/15/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.