

1.) CORPORATION NAME:

Siemens Medical Solutions USA, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0426694**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	GREGORY SORENSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT & CEO		
ADDRESS:	51 VALLEYSTREAM PARKWAY		
CITY/ST/ZIP/CO:	MALVERN, PA 19355-1406		
NAME:	ANNE CUSTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXE VP, TREAS,		
ADDRESS:	51 VALLEY STREAM PARKWAY		
CITY/ST/ZIP/CO:	MALVERN, PA 19355		
NAME:	EDWARD GRADY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	51 VALLEYSTREAM PARKWAY		
CITY/ST/ZIP/CO:	MALVERN, PA 19355-1406		
NAME:	MICHAEL BEIERWALTES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	51 VALLEY STREAM PARKWAY		
CITY/ST/ZIP/CO:	MALVERN, PA 19355		
NAME:	JEFFREY BUNDY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1230 SHOREBIRD WAY		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW,, CA 94043		
NAME:	ANTHONY D'ADAMIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	51 VALLEYSTREAM PARKWAY		
CITY/ST/ZIP/CO:	MALVERN, PA 19355-1406		

NAME: BRITTA FUENFSTUECK TITLE: CEO ADDRESS: 2501 NORTH BARRINGTON ROAD CITY/ST/ZIP/CO: HOFFMAN ESTATES, IL 60192	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN GLASER TITLE: CEO ADDRESS: 51 VALLEYSTREAM PARKWAY CITY/ST/ZIP/CO: MALVERN, PA 19355-1406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALAN GOTLIFFE TITLE: ASST SECRETARY ADDRESS: 170 WOOD AVENUE SOUTH CITY/ST/ZIP/CO: ISELIN, NJ 08830	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN HART TITLE: ASST SECRETARY ADDRESS: 51 VALLEYSTREAM PARKWAY CITY/ST/ZIP/CO: MALVERN, PA 19355-1406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTIAN RUMMEL TITLE: CFO ADDRESS: 2501 NORTH BARRINGTON ROAD CITY/ST/ZIP/CO: HOFFMAN ESTATES, IL 60192	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC A SPIEGEL TITLE: DIRECTOR ADDRESS: 300 NEW JERSEY AVENUE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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.	
/s/ ALAN GOTLIFFE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN GOTLIFFE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
	4/1/2013 DATE
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.	