

1.) CORPORATION NAME: Siemens Medical Solutions USA, Inc.	DUE DATE: 3/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F0426694				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY SORENSEN TITLE: PRESIDENT & CEO ADDRESS: 51 VALLEYSTREAM PARKWAY CITY/ST/ZIP/CO: MALVERN, PA 19355-1406		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE CUSTIN TITLE: EXE VP, TREAS, ADDRESS: 51 VALLEY STREAM PARKWAY CITY/ST/ZIP/CO: MALVERN, PA 19355		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANTHONY D'ADAMIO TITLE: SECRETARY ADDRESS: 51 VALLEYSTREAM PARKWAY CITY/ST/ZIP/CO: MALVERN, PA 19355-1406		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LONNIE ELLIS TITLE: ASST SECRETARY ADDRESS: 170 WOOD AVE SOUTH CITY/ST/ZIP/CO: ISLELIN, NJ 08830		

	<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		

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/ ANTHONY D'ADAMIO	ANTHONY D'ADAMIO, SECRETARY	2/17/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.