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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
146912	**IMPAC Medical Systems, Inc.**		
3. Principal office address: **100 Mathilda Place, 5th Floor**	City: **Sunnyvale**	State: **CA**	Zip: **94086**
4. Business Phone No.: **408-830-8000**	5. State of Incorporation: **Delaware**		
6. Brief description of the character of business conducted in Rhode Island: **Development, sales, service and support of information technology solutions for cancer care.**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

President Name: **Todd M. Powell**			Vice-President Name:		
Street Address: **100 Mathilda Place, 5th Floor**			Street Address:		
City: **Sunnyvale**	State: **CA**	Zip: **94086**	City:	State:	Zip:
Secretary Name: **Connie F. Tietze**			Treasurer Name:		
Street Address: **100 Mathilda Place, 5th Floor**			Street Address:		
City: **Sunnyvale**	State: **CA**	Zip: **94086**	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) ☐

Director Name: **Tomas Puusepp**			Director Name:		
Street Address: **c/o Elekta, Kungstensgatan 18, Box 7593**			Street Address:		
City: **Stockholm, Sweden**	State:	Zip: **SE-103 93**	City:	State:	Zip:
Director Name: **Todd M. Powell**			Director Name:		
Street Address: **100 Mathilda Place, 5th Floor**			Street Address:		
City: **Sunnyvale**	State: **CA**	Zip: **94086**	City:	State:	Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ('X' BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	**NUMBER OF SHARES**	**CLASS/SERIES**	**PAR VALUE**
	1000	Common	$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 27 2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Connie F Tietze 2-21-12
Signature of Authorized Representative — Date

Connie F. Tietze
Print or Type Name of Authorized Representative

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

By: mnc
CR#705244

Form No. 630
Revised: 01/2012
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