



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. 63257		2. Exact name of the Corporation Datex-Ohmeda, Inc.			
3. Principal office address 3030 Ohmeda Drive			City Madison	State WI	Zip 53718
4. Business Phone No. (518) 433-4337			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Sales of medical equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thierry Leclercq			Vice-President Name Barbara A. Cameron		
Street Address 8200 West Tower Avenue			Street Address 12 Corporate Woods Blvd.		
City Milwaukee	State WI	Zip 53223-3219	City Albany	State NY	Zip 12211-2524
Secretary Name Timothy B. Finnerty			Treasurer Name Thomas Coleman		
Street Address 8200 West Tower Avenue			Street Address 3000 N Grandview Blvd.		
City Milwaukee	State WI	Zip 53223-3219	City Waukesha	State WI	Zip 53188-1696
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VACANT			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	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

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.

File Date

Check No

By:

FEB 27 2012

By: *MNC*

Barbara A. Cameron
Signature of Authorized Representative

2/21/12
Date

FOR SECRETARY OF STATE USE ONLY

Barbara A. Cameron

CU # 0010007146