



**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 2013**

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. <b>146912</b>		2. Exact name of the Corporation <b>IMPAC Medical Systems, Inc.</b>		
3. Principal office address <b>100 Mathilda Place, 5th Floor</b>		City <b>Sunnyvale</b>	State <b>CA</b>	Zip <b>94086</b>
4. Business Phone No. <b>408-830-8000</b>		5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Development, sales, service and support of information technology solutions for cancer care.</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Todd M. Powell</b>		Vice-President Name		
Street Address <b>100 Mathilda Place, 5th Floor</b>		Street Address		
City <b>Sunnyvale</b>	State <b>CA</b>	Zip <b>94086</b>	City	State
Secretary Name <b>Connie F. Tietze</b>		Treasurer Name		
Street Address <b>100 Mathilda Place, 5th Floor</b>		Street Address		
City <b>Sunnyvale</b>	State <b>CA</b>	Zip <b>94086</b>	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Tomas Puusepp</b>		Director Name		
Street Address <b>c/o Elekta, Kungstengsgatan 18, Box 7593</b>		Street Address		
City <b>Stockholm, Sweden</b>	State	Zip <b>SE-103 93</b>	City	State
Director Name <b>Todd M. Powell</b>		Director Name		
Street Address <b>100 Mathilda Place, 5th Floor</b>		Street Address		
City <b>Sunnyvale</b>	State <b>CA</b>	Zip <b>94086</b>	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**FEB 25 2013**

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* 2-14-2013  
 Signature of Authorized Representative Date  
**Connie F. Tietze**

Print or Type Name of Authorized Representative

By MME  
CR # 707417