



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000146912

2. Name of Corporation IMPAC Medical Systems, Inc.

3. Street Address Principal Business Office:

No. and Street: 100 MATHILDA PLACE, 5TH FLOOR

City or Town: SUNNYVALE

State: CA Zip: 94086 Country: USA

4. Business Phone No.

4088308154

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

DEVELOPMENT, SALES, SERVICE AND SUPPORT OF INFORMATION TECHNOLOGY SYSTEMS FOR CANCER CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TODD M POWELL	100 MATHILDA PLACE, 5TH FLOOR SUNNYVALE, CA 94086 USA
SECRETARY	MIKE HARTMAN	400 PERIMETER CENTER TERRACE, SUITE 50 ATLANTA, GA 30346 USA
CEO	TODD M POWELL	100 MATHILDA PLACE, 5TH FLOOR SUNNYVALE, CA 94086 USA
ASSISTANT SECRETARY	LIBERTY BERMAN	400 PERIMETER CENTER TERRACE, SUITE 50 ATLANTA, GA 30346 USA

DIRECTOR	TODD M POWELL	100 MATHILDA PLACE, 5TH FLOOR SUNNYVALE, CA 94086 USA
DIRECTOR	THOMAS PUUSEPP	C/O ELEKTA, KUNGSTENSGATAN 18, BOX 7593 STOCKHOLM, SE SE-103 93 SWE

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	3,000.00	1000

9. 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.

Signed this 25 Day of February, 2016 at 7:35:49 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MIKE HARTMAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved