

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90105 036 ***150.00

DOCUMENT # 842838

1. Entity Name
HUDSON RESPIRATORY CARE INC.



Principal Place of Business
P.O. BOX 9020
TEMECULA CA 92589
US

Mailing Address
P.O. BOX 9020
ATT: GEN ACCTG
TEMECULA CA 92589-9029



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-1867330**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOVAAS, HELEN HUDSON	
STREET ADDRESS	41689 ENTERPRISE CIR N STE 216	
CITY-ST-ZIP	TEMECULA CA 92590	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	YOUNT, PATRICK	
STREET ADDRESS	27711 DIAZ RD	
CITY-ST-ZIP	TEMECULA CA 92590	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRENCH, CHARLES A	
STREET ADDRESS	27711 DIAZ RD.	
CITY-ST-ZIP	TEMECULA CA 92589-9020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPOGLI, RONALD P	
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	D	<input type="checkbox"/> Delete
NAME	RULLMAN, CHARLES P	
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	D	<input type="checkbox"/> Delete
NAME	RALPH, JON D	
STREET ADDRESS	111100 SANTA MONICA BLVD STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90025	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: SIGNATURE REQUIRED **03-28-03** **909-676-5611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)