

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000218

Entity Name: INVACARE CORPORATION

FILED  
Apr 29, 2010  
Secretary of State

**Current Principal Place of Business:**

ONE INVACARE WAY  
ELYRIA, OH 440354107 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INVACARE WAY  
ELYRIA, OH 44035 US

**New Mailing Address:**

FEI Number: 95-2680965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: MIXON, III, A. MILACHI  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44035

Title: VP  
Name: FOX, JEROME E  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 440354107

Title: PD  
Name: BLOUCH, GERALD B  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH

Title: S  
Name: LAPLACA, ANTHONY C  
Address: ONE INVACARE WAY  
City-St-Zip: ELYRIA, OH 44035

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEROME E. FOX, JR. \_\_\_\_\_

VP

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date