


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90028 021 ***150.00

DOCUMENT # F94000000218	
1. Entity Name INVACARE CORPORATION	

Principal Place of Business ONE INVACARE WAY ELYRIA OH 44035-4107 US	Mailing Address ONE INVACARE WAY ELYRIA OH 44035 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 95-2680965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MIXON, III, A. MILACHI ONE INVACARE WAY ELYRIA OH 44035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHEY, II, JOSEPH B ONE INVACARE WAY ELYRIA OH 44035-4107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIKLICH, THOMAS R ONE INVACARE WAY ELYRIA OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOUCH, GERALD B ONE INVACARE WAY ELYRIA OH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, FRANK B ONE INVACARE WAY ELYRIA OH 44035 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, GREGORY C ONE INVACARE WAY ELYRIA OH 44035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEARY, ESQ, DOUGLAS A 800 SUPERIOR AVENUE CLEVELAND OH 44114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORCORAN, WILLIAM F ONE INVACARE WAY ELYRIA OH 44035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLAND, JAMES C ONE CENTER COURT CLEVELAND OH 44115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANY, MICHAEL F 801 18TH ST NW WASHINGTON DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, WHITNEY 4480 GROVE STREET SONOMA, CA 95476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Date: **4/7/03** Daytime Phone #: **440-329-6000**

CFR2E034 (10/02)

Attachment

800 78736

INVACARE CORPORATION
DOCUMENT # F9400000218
12/31/02

INVACARE CORPORATION OFFICERS AND DIRECTORS

ADDITIONAL DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HEALY, MD, BERNADINE P
430 17th ST NW
WASHINGTON DC 20006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KASICH, JOHN R
100 E CAMPUS VIEW BLVD #250
COLUMBUS OH 43235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOORE, III, DAN T
820 W SUPERIOR AVENUE #800
CLEVELAND OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NALLEY, E. PATRICK
1055 KENSINGTON PK DR
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WEBBER, WILLIAM M
25800 SCIENCE PK DR #150
BEACHWOOD OH 44122