

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000218

**FILED  
Mar 30, 2022  
Secretary of State  
8016137975CC**

**Entity Name:** INVACARE CORPORATION

**Current Principal Place of Business:**

ONE INVACARE WAY  
ELYRIA, OH 44035

**Current Mailing Address:**

ONE INVACARE WAY  
ELYRIA, OH 44035 US

**FEI Number:** 95-2680965

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name BECK, JULIE  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name DANIELSOHN-WEIL, PHD, PETRA  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title SENIOR VICE PRESIDENT & CHIEF FINANCIAL OFFICER  
Name LENEGHAN, KATHLEEN  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name ALEXANDER, SUSAN H.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title CHAIRMAN OF THE BOARD  
Name MONAGHAN, MATTHEW E  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name NASTAS, CLIFFORD D.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name GIBELEY, MARC M.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title LEAD DIRECTOR  
Name HARRIS, C. MARTIN  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

**Continues on page 2**

*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:** ANTHONY C. LAPLACA

**SECRETARY**

**03/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL,  
CHIEF ADMINISTRATIVE OFFICER & SECRETARY  
Name LAPLACA, ANTHONY C.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name SCHWARTZ., ARON I.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name GIBELEY, MARC M.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title PRESIDENT & CHIEF EXECUTIVE  
OFFICER  
Name MONAGHAN, MATTHEW E  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR  
Name FEHR, STEPHANIE L.  
Address ONE INVACARE WAY  
City-State-Zip: ELYRIA OH 44035