

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000218

FILED
May 28, 2020
Secretary of State
4272454220CC

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 CFO
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 DIRECTOR
Name MONAGHAN, MATTHEW E
Address ONE INVACARE WAY
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR
Name SHAH, BAIJU R.
Address ONE INVACARE WAY
City-State-Zip: ELYRIA OH 44035

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

Title DIRECTOR
Name FERGUSON, DIANA S.
Address ONE INVACARE WAY
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR
Name DANIELSOHN-WEIL, PETRA
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

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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

05/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name LAPLACA, ANTHONY C.
Address ONE INVACARE WAY
City-State-Zip: ELYRIA OH 44035

Title DIRECTOR
Name HARRIS, C. MARTIN
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