

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825939

1. Entity Name

HILL-ROM AIR-SHIELDS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90131 037 ***150.00

Principal Place of Business

Mailing Address

330 JACKSONVILLE RD.
WARMINSTER PA 18974

700 STATE ROUTE 46E
BATESVILLE IN 47006-8928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324

4. FEI Number

23-0664795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANNING, M.	
STREET ADDRESS	1069 STATE ROUTE 46 E	
CITY-ST-ZIP	BATESVILLE IN 47006	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDENMEYER, M.	
STREET ADDRESS	1069 STATE ROUTE 46 E	
CITY-ST-ZIP	BATESVILLE IN 47006	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, D.	
STREET ADDRESS	330 JACKSONVILLE RD	
CITY-ST-ZIP	HATBORO PA 19040	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSEBROUGH, W.	
STREET ADDRESS	1069 STATE ROUTE 46 E	
CITY-ST-ZIP	BATESVILLE IN 47006	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RENFROE, T	
STREET ADDRESS	1069 STATE ROUTE 46 E	
CITY-ST-ZIP	BATESVILLE IN 47006	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEBROUGH, WALTER M JR	
STREET ADDRESS	STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J. TENNISON	
STREET ADDRESS	700 STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE, IN 47006-8835	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK R. LINDENMEYER	
STREET ADDRESS	700 STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE, IN 47006-8835	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL P. GENDRON	
STREET ADDRESS	700 STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE, IN 47006-8835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD G. BARGER, JR.	
STREET ADDRESS	700 STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE, IN 47006-8835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W AUGUST HILLENBRAND	
STREET ADDRESS	700 STATE ROUTE 46E	
CITY-ST-ZIP	BATESVILLE, IN 47006-8835	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R. LINDENMEYER

Date

812/934-7000

Daytime Phone #

CR2E034 (9/99)