FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839529** **(5)**

1. Corporation Name
SPACELABS MEDICAL, INC.

Principal Place of Business	Mailing Address
15220 NE 40TH ST REDMOND WA 98052 US	PO BOX 97013 REDMOND WA 98073 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1977**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **95-2058575** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	LOMBARDI, CARL	1.2 NAME		
STREET ADDRESS	15220 NE 40TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA	1.4 CITY-ST-ZIP		
TITLE	~~V~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~GRAYSON, MICHAEL~~	2.2 NAME	SHERRILL, BARBARA	
STREET ADDRESS	~~15220 NE 40TH ST.~~	2.3 STREET ADDRESS	15220 N.E. 40TH St	
CITY-ST-ZIP	~~REDMOND WA 98052~~	2.4 CITY-ST-ZIP	REDMOND, WA 98052	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	LARSEN, DENNIS E	3.2 NAME		
STREET ADDRESS	15220 NE 40TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA 98052	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	PELIKAN, GLENN W	4.2 NAME		
STREET ADDRESS	5220 NE 40TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA 98052	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	LARSEN, EDWARD R	5.2 NAME		
STREET ADDRESS	15220 NE 40TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA 98052	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	MARY BRODD	
STREET ADDRESS		6.3 STREET ADDRESS	15220 N.E. 40TH ST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	REDMOND, WA 98052	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William D. Hughlett — Date — Daytime Phone #

048210 FP