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FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 839529

(5)

1. Corporation Name
SPACELABS MEDICAL, INC.

Principal Place of Business

15220 NE 40TH ST
REDMOND WA 98052
US

Mailing Address

PO BOX 97013
REDMOND WA 98073-9713
US



3. Date Incorporated or Qualified

11/15/1977

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOMBARDI, CARL	
STREET ADDRESS	15220 NE 40TH ST	
CITY - ST - ZIP	REDMOND WA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEFELICE, EUGENE	
STREET ADDRESS	15220 NE 40TH ST	
CITY - ST - ZIP	REDMOND WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LARSEN, DENNIS E	
STREET ADDRESS	15220 NE 40TH ST.	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PELIKAN, GLENN W	
STREET ADDRESS	5220 NE 40TH ST.	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LARSEN, EDWARD R	
STREET ADDRESS	15220 NE 40TH ST.	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHMAN, JAMES A.	
STREET ADDRESS	15220 NE 40TH ST	
CITY - ST - ZIP	REDMOND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(206) 882-3700

CR2E034 (9/96)

**Attachment to
Florida Department of State
Corporation Annual Report 1997 for
SpaceLabs Medical, Inc.**

Continuation of Block 12

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City and State</u>
7. V	Conti, Luis	15220 N.E. 40th Street	Redmond, WA
8. V	Hall, John	15220 N.E. 40th Street	Redmond, WA
9. V	Mathews, Paul	15220 N.E. 40th Street	Redmond, WA
10. V	Miskimon, Timothy	15220 N.E. 40th Street	Redmond, WA
11. V	Werrbach, Robert	15220 N.E. 40th Street	Redmond, WA
13. A/S	Hughlett, William	15220 N.E. 40th Street	Redmond, WA
14. A/S	West, Clay	15220 N.E. 40th Street	Redmond, WA
15. A/S	Brewer, Lori	15220 N.E. 40th Street	Redmond, WA