

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90092 001 ***750.00

DOCUMENT # 839529

1. Entity Name
SPACELABS MEDICAL, INC.

Principal Place of Business

**15220 NE 40TH ST
 REDMOND WA 98052
 US**

Mailing Address

**PO BOX 97013
 REDMOND WA 98073
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-2058575**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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, 2002 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 **PD** ☐ Delete
 NAME **LOMBARDI, CARL**
 STREET ADDRESS **15220 NE 40TH ST**
 CITY-ST-ZIP **REDMOND WA**

TITLE **SD** ☒ Delete
 NAME **DEFELICE, EUGENE**
 STREET ADDRESS **15220 NE 40TH ST**
 CITY-ST-ZIP **REDMOND WA**

TITLE **VD** ☐ Delete
 NAME **RICHMAN, JAMES A.**
 STREET ADDRESS **15220 NE 40TH ST**
 CITY-ST-ZIP **REDMOND WA**

TITLE **AT** ☒ Delete
 NAME **KEHOE, MICHAEL**
 STREET ADDRESS **15220 NE 40TH STREET**
 CITY-ST-ZIP **REDMOND WA 98073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
 NAME **WEST, CLARENCE F.**
 STREET ADDRESS **15220 NE 40th ST.**
 CITY-ST-ZIP **Redmond WA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☒ Change ☐ Addition
 NAME **COMIN, CINDY L.**
 STREET ADDRESS **15220 NE 40th ST.**
 CITY-ST-ZIP **Redmond WA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Cindy L. Comin **SIGNATURE REQUIRED** CINDY L. COMIN 4/18/02 425 882 3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

SPACELABS MEDICAL, INC. (CA)
SCHEDULE OF OFFICERS AND DIRECTORS

OFFICERS

Business Address

President	Carl A. Lombardi *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Vice President	James A. Richman *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Chief Legal Counsel and Secretary	Clarence F. West *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Assistant Treasurer	Cindy L. Comin	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713

* Also Directors