

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849269 (6)
1. Corporation Name
SUNRISE MEDICAL CCG INC.

Principal Place of Business
5001 JOERNS DR.
STEVENS POINT WI 54481-5040

Mailing Address
2382 FARADAY AVE
#200
CARLSBAD CA 92008
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1981	4. FEI Number 39-1343006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP C D CHANDLER, RICHARD 2382 FARADAY AVE., STE. 200 CARLSBAD CA 92008 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP P MCCARTHY, DENNIS 5001 JOERNS DR. STEVENS POINT WI 54481 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP WYKLE, STEPHEN 5001 JOERNS DR. STEVENS POINT WI 54481 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D O'DONNELL, THOMAS H. 2382 FARADAY AVE SUITE 200 CARLSBAD CA <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP DTAS TARBET, TED N 2382 FARADAY AVE SUITE 200 CARLSBAD CA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP AS SINASOHN, SAM 2382 FARADAY AVE SUITE 200 CARLSBAD CA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: _____ DATE: _____

CR2E034 (10/97)

SUNRISE MEDICAL CCG INC.
DIRECTORS AND OFFICERS
As of November 13, 1997

DIRECTORS

Richard H. Chandler	Chairman	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Ted N. Tarbet		2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Dennis J. McCarthy		5001 Joerns Drive Stevens Point, WI 54481

OFFICERS

Richard H. Chandler	Chairman	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Dennis J. McCarthy	President	5001 Joerns Drive Stevens Point, WI 54481
Michael Chase	Vice president, marketing	5001 Joerns Drive Stevens Point, WI 54481
Sue Gutzdorf	Vice president, human resources	5001 Joerns Drive Stevens Point, WI 54481
Bud Hickey	Vice president, sales	5001 Joerns Drive Stevens Point, WI 54481
Timothy Irons	Vice president, manufacturing	5001 Joerns Drive Stevens Point, WI 54481
Richard Keller	Vice president, engineering	5001 Joerns Drive Stevens Point, WI 54481
Jack Sheehan	Vice president & general manager, therapeutic products	5001 Joerns Drive Stevens Point, WI 54481
Stephen Wykle	Vice president of finance and assistant secretary	5001 Joerns Drive Stevens Point, WI 54481
Steven A. Jaye	Secretary	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Ted N. Tarbet	Treasurer and assistant secretary	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
John Radak	Assistant secretary	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Sam Sinasohn	Assistant secretary	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008
Sandra L. Litwin	Assistant secretary	2382 Faraday Avenue, Suite #200 Carlsbad, CA 92008