

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90229 041 ***150.00

DOCUMENT # 849269

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

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME CHANDLER, RICHARD
STREET ADDRESS 2382 FARADAY AVE., STE. 200
CITY-ST-ZIP CARLSBAD CA 92008

TITLE P ☒ DELETE

NAME MCCARTHY, DENNIS
STREET ADDRESS 5001 JOERNS DR.
CITY-ST-ZIP STEVENS POINT WI 54481

TITLE VP ☐ DELETE

NAME WYKLE, STEPHEN
STREET ADDRESS 5001 JOERNS DR.
CITY-ST-ZIP STEVENS POINT WI 54481

TITLE DTAS ☐ DELETE

NAME TARBET, TED N
STREET ADDRESS 2382 FARADAY AVE SUITE 200
CITY-ST-ZIP CARLSBAD CA

TITLE AS ☐ DELETE

NAME SINASOHN, SAM
STREET ADDRESS 2382 FARADAY AVE SUITE 200
CITY-ST-ZIP CARLSBAD CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME PRESIDENT
2.3 STREET ADDRESS BEN ANDERSON-RAY
2.4 CITY-ST-ZIP 5001 JOERNS DRIVE
STEVENS POINT, WI 54481

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SECRETARY & GENERAL COUNSEL
6.3 STREET ADDRESS STEVEN A. JAYE
6.4 CITY-ST-ZIP 2382 FARADAY AVENUE, SUITE 200
CARLSBAD, CA 92008

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

STEVEN A. JAYE

4/9/99

760-930-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0551736

CR2E034 (11/98)