FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **854824** **(0)**

1. Corporation Name

PHYSIO-CONTROL CORPORATION

Principal Place of Business	Mailing Address
11811 WILLOWS ROAD NE PO BOX 97006 REDMOND WA 98073-9706	11811 WILLOWS ROAD NE PO BOX 97006 REDMOND WA 98073-9706

3. Date Incorporated or Qualified: **12/01/1982**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **91-0697691** ☐ 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 S. PINE ISLAND ROAD
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	PCE	☐ DELETE	1.1 TITLE	PCE	☒ Change ☐ Addition
NAME	MARTIN, RICHARD O.		1.2 NAME	Martin, Richard O.	
STREET ADDRESS	21827 NE 104TH PLACE		1.3 STREET ADDRESS	6605 204th Dr. NE	
CITY-ST-ZIP	REDMOND WA, 98053		1.4 CITY-ST-ZIP	Redmond, WA 98053	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GAY, ROBERT C.		2.2 NAME	Dollens, Ronald W	
STREET ADDRESS	10 SHADOW LAKE ROAD		2.3 STREET ADDRESS	9701 Soaring Hawk Circle	
CITY-ST-ZIP	RIDGEFIELD CT		2.4 CITY-ST-ZIP	Zionsville, IN 46077	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GUEZURAGA, ROBERT		3.2 NAME	Sandler, Robert A.	
STREET ADDRESS	12822 198TH DRIVE NE		3.3 STREET ADDRESS	14148 Beresford Road	
CITY-ST-ZIP	WOODINVILLE WA		3.4 CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, JOHN J.		4.2 NAME		
STREET ADDRESS	31 WOODCHESTER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON MA		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ORRESTAD, CHARLES W		5.2 NAME		
STREET ADDRESS	2139 41ST AVE SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAGLIUCA, STEPHEN G.		6.2 NAME		
STREET ADDRESS	25 SEAWALL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA		6.4 CITY-ST-ZIP		

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: Richard O. Martin 4/29/96 (206)867-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)