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 21, 1999 8:00 am
Secretary of State
04-21-1999 90142 042 ***150.00

DOCUMENT # 854824

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/01/1982

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 91-0697691 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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	CCEO	☐ DELETE	1.1 TITLE	President.	☒ Change ☐ Addition
NAME	MARTIN, RICHARD O.		1.2 NAME	Martin, Richard O.	
STREET ADDRESS	6605 204TG DR, BE		1.3 STREET ADDRESS	11001 Champagne Point Dr.	
CITY-ST-ZIP	REDMOND WA		1.4 CITY-ST-ZIP	Kirkland, WA 98034	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAFFARELLI, JOSEPH J		2.2 NAME		
STREET ADDRESS	22919 216TH AVE N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Vice President.	☒ Change ☐ Addition
NAME	GUEZURAGA, ROBERT		3.2 NAME	Guezuraga, Robert M.	
STREET ADDRESS	12822 198TH DRIVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODINVILLE WA		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	DROPPERT, MARC V		4. 2 NAME	Droppert, Marc V.	
STREET ADDRESS	13106 184TH AVENUE N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 an an attachment with an address, with all other like empowered.

SIGNATURE: RSmolkowski RECT Smolkowski April 1999 (425) [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)