


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007286


1. Entity Name
ZOLL DATA SYSTEMS, INC.



Principal Place of Business Mailing Address

12202 AIRPORT WAY, SUITE 300 12202 AIRPORT WAY, SUITE 300
 BROOMFIELD, CO 80021 BROOMFIELD, CO 80021

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0461124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REA, STEVE
 10313 GREEN LINKS DR
 TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: 02/12/08

FILE NOW!!! FEE IS \$150.00- After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees


02/12/08-80026-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DAVID 12202 AIRPORT WAY, SUITE 300 BROOMFIELD, CO 80021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORN, STEPHEN 269 MILL ROAD CHELMSFORD, MA 018244105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGERON, JOHN P 269 MILL ROAD BROOMFIELD, CO 80021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John P Bergerson** Date: 1/30/08 Daytime Phone #: 9784219361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR