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FOREIGN PROFIT/NONPROFIT CORPORATION

Zoll Lifecor Corporation

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2/27/2008

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	Lifecor Corporation			
(Enter	name of corporation; must include "INCORPORATED," "Co.," "Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
	t configuration of the configu	•		
	•			
(If nar	ne unavailable in Piorida, enter alternate corporate name ad	lepted for the purpose of transacting business in Florida)		
2. Del		20-1121194		
	r country under the law of which it is incorporated)	(FEI number, if applicable)		
4. Mar		perpetual		
	(Date of incorporation) (Duration: Year corp. will sease to exist or "perpetual")		
6				
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1501	Florida, if prior to registration) 2, F.S., to determine penalty liability)	•	
_{7.} 121	Freeport Road, Pittsburgh, PA 1523	88		
	(Principal office addres	SS)		
269	Mill Road, Chelmsford, MA 01824		•	
	(Current mailing address	88)	•	
• mai	ufacturer/selling of wearable defibril	lators		
	Purpose(s) of corporation authorized in home state or cour			
9. Name	and street address of Florida registered agent: (P.O. l	Box NOT seceptable)		٠,
	Name: CT Corporation Systems	TAS	≥ 2	
Office A	1000 Paulle Dina Jaland Deer	ECRE	F1L 2008 FEB 27	: -
	Plantation	Florida 33324 ASAR	8 1	
	(City)	(Zip oode)	7 7	`.}
10. Res	istered agent's acceptance:	.FL.	3 W	
Having	seen named as registered agent and to accept service	of process for the above stated corporation at the pl	ace Co	,
further o	ed in this apparation, I nersoy accept the appointme gree to comply with the provisions of all statutes reli I familiar with and accept the obligations of my posit	ent as registered agent and agree to act in this papaci- utive to the proper and complete performance of my tion as registered agent	duties,	ı
	· Come Bry	CONNE BRYAN SPECIAL ASSISTANT SECRETARY		
		ALL CONTRACTOR OF THE PROPERTY		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A DIRECTORS Chairman: Richard Packer 269 Mill Road Chelmsford, MA 01824 Vice Chairman: ___ Address: Director: A. Ernest Whiton 269 Mill Road Chelmsford, MA 01824 Director: Marshal Linder 269 Mill Road Chelmsford, MA 01824 B. OFFICERS President: Marshal Linder 269 Mill Road Chelmsford, MA 01824 Address: Vice Provident: Stephen Korn 269 Mill Road Chelmsford, MA 01824 Treasurer: John Bergeron 269 Mill Road Chelmsford, MA 01824 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Senature of Director or Officer listed in number 12 of the application) 14. John Bergeron Treasurer (Typed or printed name and capacity of person signing application)



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 21, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I do hereby certify that.

ZOLL LIFECOR CORPORATION

Is duly qualified to do business under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 7219353-5 Verify this certificate online at http://www.corporations.ecgte.pa.ua/corp/seakb/verify.asp