## FD8000000872

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DIVISION OF CORPORATIONS

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C.COULLIETTE

OCT 03 2011

**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 930628

7851390

AUTHORIZATION

COST LIMIT

ORDER DATE: September 30, 2011

ORDER TIME : 10:38 AM

ORDER NO. : 930628-016

CUSTOMER NO: 7851390

## CHANGE OF AGENT

NAME: ZOLL LIFECOR CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	•	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware red agent, or both, in the State of Florida.	;	-
1. The name of t	the corporation: ZOLL LIFECOR COR	RPORATION		
2. The principal	office address: 121 Freeport Road, Pitt	tsburgh, PA 15238		
3. The mailing a	ddress (if different): 269 Mill Road, Ch	elmsford, MA 01824		
4. Date of incorp	poration/qualification: 02/27/2008	Document number: F0800000872		
	I street address of the current registered ag timent of State:	ent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		二	SEA SES
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			1 OCT -3	ON OF C
	Corporation Service Company		PM	Y OF
	1201 Hays Street		ల్లు కా	orai
	(P.O. Box NOT acceptable)		•	
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of its registered	l agen	t,
Such change wa authorized by the	is authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Mai	('(1)	Maureen Cathell, Vice President (Printed or typed name and title)		
I further agree to of my duties, an document is being corporation has	d I am familiar with and accept the oblig ng filed merely to reflect a change in the Been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perfo gation of my position as registered agent. Of registered office address, I hereby confirm t	rman r, if th that th	ce iis ie
By:	on Service Company	September 30, 2011		_
	mature of Registered Agent)  half of an entity:	(Date)		
Grace E. Kirby	y, Assistant VP			
Γ)	yped or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*