# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 28, 2009**
**Secretary of State**

DOCUMENT# F08000005390

**Entity Name:** RESPIRONICS, INC.

**Current Principal Place of Business:**

1010 MURRY RIDGE LANE
MURRYSVILLE, PA 15668

**New Principal Place of Business:**

**Current Mailing Address:**

1010 MURRY RIDGE LANE
MURRYSVILLE, PA 15668

**New Mailing Address:**

**FEI Number: 25-1304989** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SPENCE, DONALD J
Address: 1010 MURRY RIDGE LANE
City-St-Zip: MURRYSVILLE, PA 15668

Title: VPD ( ) Delete
Name: DUNLAP, PAMELA L
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: SD ( ) Delete
Name: INNAMORATI, JOSEPH E
Address: 3000 MINUTEMAN ROAD, BLDG.1(MS109)
City-St-Zip: ANDOVER, MA 01810

Title: T ( ) Delete
Name: BEVEVINO, DANIEL J
Address: 1010 MURRY RIDGE LANE
City-St-Zip: MURRYSVILLE, PA 15668

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS ( ) Change (X) Addition
Name: MACLEAN, CYNTHIA
Address: 3000 MINUTEMAN ROAD, BLDG.1
City-St-Zip: ANDOVER, MA 01810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. BENDER PARA 08/28/2009

Electronic Signature of Signing Officer or Director Date