

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005390

Entity Name: RESPIRONICS, INC.

FILED
Jun 17, 2010
Secretary of State

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:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

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

OFFICERS AND DIRECTORS:

Title: P
Name: SHAFER, BRENT
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

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

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

Title: VP
Name: CAVANAUGH, PAUL
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

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

Title: VP/T
Name: GRUCHACZ, CRAIG M
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

I hereby 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 all other like empowered.

SIGNATURE: PAUL CAVANAUGH

VP

06/17/2010

Electronic Signature of Signing Officer or Director

Date