2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# F08000005390

Entity Name: RESPIRONICS, INC.

Current Principal Place of Business:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

New Principal Place of Business:

Current Mailing Address:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: DRIPCHAK, DAVID A
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: VPSD
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: FEMAN, SANFORD
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: CFO
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 04/02/2012

Electronic Signature of Signing Officer or Director Date