2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# F09000000074

Entity Name: DRAEGER MEDICAL, INC.

Current Principal Place of Business:

3135 QUARRY RD.
TELFORD, PA 18969 US

New Principal Place of Business:

Current Mailing Address:

3135 QUARRY RD.
TELFORD, PA 18969 US

New Mailing Address:

FEI Number: 23-1699096 **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 323012525 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: CD
Name: HAUER, CHRISTIAN
Address: 53/55 MOISLINGER ALLEE
City-St-Zip: LUEBECK, GERMANY, OC 23542 OC

Title: D
Name: GRUENITZ-POST, SWEN
Address: 53/55 MOISLINGER ALLEE
City-St-Zip: LUEBECK, GERMANY, OC 23542 OC

Title: D
Name: BLATT, MARK
Address: 53/55 MOISLINGER ALLEE
City-St-Zip: LUEBECK, GERMANY, OC 23542 OC

Title: P
Name: WOLTERS, ARNO
Address: 3135 QUARRY RD.
City-St-Zip: TELFORD, PA 18969 US

Title: TVP
Name: KLUGE, FLORIAN
Address: 3135 QUARRY RD.
City-St-Zip: TELFORD, PA 18969 US

Title: S
Name: TSCHORN BEHRENS, CAROLA
Address: 53/55 MOISLINGER ALLEE
City-St-Zip: LUEBECK, GERMANY, OC 23542 OC

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: FLORIAN KLUGE TVP 04/19/2011

Electronic Signature of Signing Officer or Director Date