FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:25

DOCUMENT # F93000002955 (3)

1. Corporation Name
LAERDAL MEDICAL CORPORATION

Principal Place of Business	Mailing Address
ONE LABRIOLA COURT ARMONK NY 10504	ONE LABRIOLA COURT ARMONK NY 10504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 13-2587752 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	BURNS, J. THOMAS	1.2 NAME	Clive Patrickson
STREET ADDRESS	ONE LABRIOLA COURT	1.3 STREET ADDRESS	One Labriola Court
CITY-ST-ZIP	ARMONK NY 10504	1.4 CITY-ST-ZIP	Armonk, New York 10504
TITLE	VCD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DAHLL, HANS H	2.2 NAME	Rolf Johansen
STREET ADDRESS	ONE LABRIOLA COURT	2.3 STREET ADDRESS	Tanke Svilandsgt 30, N-4001
CITY-ST-ZIP	ARMONK NY 10504	2.4 CITY-ST-ZIP	Stavanger, Norway
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SEIDLER, CHARLES J JR	3.2 NAME	
STREET ADDRESS	99 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	
TITLE	DAS	4.1 TITLE	☐ Change ☐ Addition
NAME	FARRELL, JOHN	4.2 NAME	
STREET ADDRESS	ONE LABRIOLA COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONK NY 10504	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	LAERDAL, TORE	5.2 NAME	
STREET ADDRESS	TANKE SVILANDSGT 30, N-4001	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAVENGER, NORWAY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LAERDAL, JON	6.2 NAME	
STREET ADDRESS	TANKE SVILANDSGT 30, N-4001	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAVENGER, NORWAY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Farrell 1/17/95 (914) 273-9404
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0473762 FP