FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93000002955 (3)**

1. Corporation Name
LAERDAL MEDICAL CORPORATION

Principal Place of Business	Mailing Address
167 MYERS CORNERS RD WAPPINGER FALLS NY 12950 US	167 MYERS CORNERS RD WAPPINGERS FALLS NY 12590-3857 US

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **02/05/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PATRICKSON, CLIVE		1.2 NAME		
STREET ADDRESS	167 MYERS CORNERS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAPPINGERS FALLS NY		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, ROLF		2.2 NAME		
STREET ADDRESS	TANKE SVILANDSGT 30, N-4001		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAVANGER NO		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, JOHN		4.2 NAME		
STREET ADDRESS	167 MYERS CORNERS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAPPINGERS FALLS NY		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	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	☐ DELETE	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		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 1/21/97 (914)297-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D96000136