2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# F93000002955

Entity Name: LAERDAL MEDICAL CORPORATION

Current Principal Place of Business:

167 MYERS CORNERS RD
WAPPINGER FALLS, NY 12950 US

New Principal Place of Business:

Current Mailing Address:

167 MYERS CORNERS RD
WAPPINGERS FALLS, NY 12590 US

New Mailing Address:

FEI Number: 13-2587752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AASEN, TERJE
Address: 167 MYERS CORNERS RD
City-St-Zip: WAPPINGERS FALLS, NY

Title: D ( ) Delete
Name: OSMUNDSEN, TOR-MORTEN
Address: TANKE SVILANDSGT 30, N-4001
City-St-Zip: STAVANGER, NO NO

Title: SD ( ) Delete
Name: SEIDLER, CHARLES J JR
Address: 156 WEST 56TH ST
City-St-Zip: NEW YORK, NY 10019

Title: VPAS ( ) Delete
Name: GUERTIN, ARMAND
Address: 167 MYERS CORNERS RD
City-St-Zip: WAPPINGERS FALLS, NY 12590

Title: CD ( ) Delete
Name: LAERDAL, TORE
Address: TANKE SVILANDSGT 30, N-4001
City-St-Zip: STAVENGER, NORWAY,

Title: VD (X) Delete
Name: DAHLL, HANS H
Address: 167 MYERS CORNERS RD
City-St-Zip: WAPPINGERS FALLS, NY 12590

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMAND GUERTIN VPAS 03/08/2004

Electronic Signature of Signing Officer or Director Date