

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002955

FILED
Jan 15, 2009
Secretary of State

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
WAPPINGER FALLS, NY 12950 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: PATRICKSON, W. CLIVE
Address: 167 MYERS CORNERS ROAD
City-St-Zip: WAPPINGERS FALLS, NY 12590 US

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 US

Title: DOF () Delete
Name: GOODWIN, PATRICIA
Address: 167 MYERS CORNERS RD
City-St-Zip: WAPPINGERS FALLS, NY 12590 US

Title: CD () Delete
Name: LAERDAL, TORE
Address: TANKE SVILANDSGT 30, N-4001
City-St-Zip: STAVANGER, NO NO

Title: CD () Delete
Name: MATHISEN, EGIL
Address: TANKE SVILANDS GT 30, N-4001
City-St-Zip: STAVANGER, NO NO

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
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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 exemption stated in Chapter 119, 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: PATRICIA GOODWIN

DOF

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date