

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002955

FILED  
Jan 05, 2010  
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 ( )**

**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  
**Name:** JOHNSON, DAVID  
**Address:** 167 MYERS CORNERS ROAD  
**City-St-Zip:** WAPPINGERS FALLS, NY 12590 US

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

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

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

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

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

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:** PATRICIA GOODWIN

DOF

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date