

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004211**

1. Entity Name

SPACELABS BURDICK, INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90410 001 ***450.00

060527

Principal Place of Business

C/O BURDICK, INC.
15 PLUMB STREET
MILTON WI 53563

Mailing Address

P.O. BOX 97013
REDMOND WA 98073-9713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3713564**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LOMBARDI, CARL A ☐ Delete
STREET ADDRESS 15220 NE 40TH ST
CITY-ST-ZIP REDMOND WA 98052TITLE VD
NAME DEFELICE, EUGENE ☐ Delete
STREET ADDRESS 15220 NE 40TH ST
CITY-ST-ZIP REDMOND WA 98052TITLE VD
NAME RICHMAN, JAMES A ☐ Delete
STREET ADDRESS 15220 NE 40TH ST
CITY-ST-ZIP REDMOND WA 98052TITLE V
NAME MCKABA, ROBERT ☐ Delete
STREET ADDRESS 500 BURDICK PKWY
CITY-ST-ZIP DEERFIELD WI 53531TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE Asst. Treasurer (AT)
NAME Michael Kehoe ☐ Change ☒ Addition
STREET ADDRESS 15220 NE 40th St
CITY-ST-ZIP Redmond, WA 98073TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kehoe

4/18/01
Date425-867-7352
Daytime Phone #

CR2E034 (10/00)