

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90092 001 \*\*\*750.00

**DOCUMENT # F93000004211**

1. Entity Name  
**SPACELABS BURDICK, INC.**

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

4. FEI Number

**13-3713564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **LOMBARDI, CARL A**  
 STREET ADDRESS **15220 NE 40TH ST**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **VD** ☒ Delete  
 NAME **DEFELICE, EUGENE**  
 STREET ADDRESS **15220 NE 40TH ST**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **VD** ☐ Delete  
 NAME **RICHMAN, JAMES A**  
 STREET ADDRESS **15220 NE 40TH ST**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **V** ☒ Delete  
 NAME **MCKABA, ROBERT**  
 STREET ADDRESS **500 BURDICK PKWY**  
 CITY-ST-ZIP **DEERFIELD WI 53531**

TITLE **AT** ☒ Delete  
 NAME **KEHOE, MICHAEL**  
 STREET ADDRESS **15220 NE 40TH STREET**  
 CITY-ST-ZIP **REDMOND WA 98073**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition  
 NAME **WEST, CLARENCE F.**  
 STREET ADDRESS **15220 NE 40TH ST.**  
 CITY-ST-ZIP **REDMOND WA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AT** ☒ Change ☐ Addition  
 NAME **COMIN, CINDY L.**  
 STREET ADDRESS **15220 NE 40TH ST.**  
 CITY-ST-ZIP **REDMOND WA**

TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Cindy L. Comin**

**4/18/02**

Date

**425 882 3700**

Daytime Phone #

CR2E034 (9/01)

SPACELABS BURDICK, INC  
SCHEDULE OF OFFICERS AND DIRECTORS

OFFICERS

President	Carl A. Lombardi *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Vice President	James A. Richman *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Chief Legal Counsel and Secretary	Clarence F. West *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Assistant Treasurer	Cindy L. Comin	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713

\* Also Directors