

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91521 036 \*\*\*150.00

**DOCUMENT #** F93000004211 *NY 3/6/03*

**1. Entity Name**  
**SPACELABS BURDICK, INC.**  
*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**  
*500 Burdick Pkwy.*

**3. Mailing Address**  
*500 Burdick Pkwy.*

**City & State**  
*Deerfield, WI*

**City & State**  
*Deerfield, WI*

**Zip** *53531* **Country** *USA*

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**4. FEI Number** *13-3713564*

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDI, CARL A	
STREET ADDRESS	15220 NE 40TH ST	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEST, CLARENCE F	
STREET ADDRESS	15220 NE 40TH ST	
CITY-ST-ZIP	REDMOND WA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICHMAN, JAMES A	
STREET ADDRESS	15220 NE 40TH ST	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	COMIN, CINDY L	
STREET ADDRESS	15220 NE 40TH STREET	
CITY-ST-ZIP	REDMOND WA 98073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Hinson	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael K. Matysik	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael K. Matysik	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael K. Matysik	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruediger Naumann-Etienne	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John R. Hinson	
STREET ADDRESS	3303 Monte Villa Pkwy.	
CITY-ST-ZIP	Bothell, WA 98021	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Way Asst. Secretary 4/22/03 425-62-2448*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

0659304 AT

CR2E034 (10/02)