SIGNATURE:

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # **F94000000218 INVACARE CORPORATION** 05-22-2000 90066 050 ***150.00 Mailing Address Principal Place of Business ONE INVACARE WAY ONE INVACARE WAY ELYRIA OH 44035-4107 ELYRIA OH 44035-4190 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 95-2680965 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE MIXON, III, A. MILACHI NAME STREET ADDRESS ONE INVACARE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELYRIA OH 44035 ☐ Addition □ Delete ☐ Change NAME RICHEY, II, JOSEPH B NAME STREET ADDRESS ONE INVACARE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELYRIA OH 44035-4107 Change ☐ Addition TITLE ☐ Delete MIKLICH, THOMAS R NAME NAME STREET ADDRESS ONE INVACARE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELYRIA OH** ☐ Addition ☐ Change ☐ Delete TITLE TITLE BLOUCH, GERALD B NAME NAME STREET ADDRESS STREET ADDRESS ONE INVACARE WAY CITY-ST-ZIP CITY-ST-ZIP **ELYRIA OH** ☐ Change Addition TITLE 🔀 Delete TITLE CALLAHAN, FRANCIS J NAME NAME STREET ADDRESS STREET ADDRESS ONE INVACARE WAY CITY-ST-ZIP CITY-ST-ZIP ELYRIA OH 44035 Change ☐ Delete TITLE Addition TITLE CARR, FRANK B NAME STREET ADDRESS ONE INVACARE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELYRIA OH 44035 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 of 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 address, with all other like empowered

4-28-00

Daytime Phone #