

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 022 ***150.00

DOCUMENT # F99000003369

1. Entity Name
PHYSIO-CONTROL, INC.



Principal Place of Business
**11811 WILLOWS ROAD N.E.
REDMOND, WA 98873-9706**

Mailing Address
**PO BOX 97006
REDMOND, WA 98073**

40045705



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
91-0697691

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **COLLINS JR, ARTHUR D**
STREET ADDRESS **710 MEDTRONIC PKWY**
CITY-STATE-ZIP **MINNEAPOLIS, MN 55432**

TITLE **P** ☒ Delete
NAME **O'CONNELL, CHRISTOPHER J**
STREET ADDRESS **11811 WILLOWS RD NE**
CITY-STATE-ZIP **REDMOND, WA 98052**

TITLE **VPD** ☐ Delete
NAME **ELLIS, GARY L**
STREET ADDRESS **710 MEDTRONIC PKWY**
CITY-STATE-ZIP **MINNEAPOLIS, MN 55432**

TITLE **VPTD** ☐ Delete
NAME **TEFFT, THOMAS M**
STREET ADDRESS **710 MEDTRONIC PKWY**
CITY-STATE-ZIP **MINNEAPOLIS, MN 55432**

TITLE **VPD** ☐ Delete
NAME **ELLIS, GARY L**
STREET ADDRESS **710 MEDTRONIC PKWY**
CITY-STATE-ZIP **MINNEAPOLIS, MN 55432**

TITLE **S** ☐ Delete
NAME **RYAN, SCOTT R**
STREET ADDRESS **11811 WILLOWS RD NE**
CITY-STATE-ZIP **REDMOND, WA 98052**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **BRIAN WEBSTER**
STREET ADDRESS **11811 WILLOWS RD NE**
CITY-STATE-ZIP **REDMOND, WA 98052**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT R. RYAN, ASST. SEC. 3-8-07 425-867-4000

Date

Daytime Phone #