

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 012 ***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

40034013



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBSTER, BRIAN	
STREET ADDRESS	11811 WILLOWS RD. NE	
CITY-ST-ZIP	REDMOND, WA 98052	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELLIS, GARY L	
STREET ADDRESS	710 MEDTRONIC PKWY	
CITY-ST-ZIP	MINNEAPOLIS, MN 55432	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	TEFFT, THOMAS M	
STREET ADDRESS	710 MEDTRONIC PKWY	
CITY-ST-ZIP	MINNEAPOLIS, MN 55432	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELLIS, GARY L	
STREET ADDRESS	710 MEDTRONIC PKWY	
CITY-ST-ZIP	MINNEAPOLIS, MN 55432	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RYAN, SCOTT R	
STREET ADDRESS	11811 WILLOWS RD NE	
CITY-ST-ZIP	REDMOND, WA 98052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACI S. UMBERGER	
STREET ADDRESS	11811 WILLOWS ROAD NE	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN WEBSTER, PRES. 2/6/08 425-867-4000

Date

Daytime Phone #