

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003369

Entity Name: PHYSIO-CONTROL, INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

11811 WILLOWS ROAD N.E.  
REDMOND, WA 988739706

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 97006  
REDMOND, WA 98073

## New Mailing Address:

PO BOX 97006  
ATTN: TAX DEPT. M/S S-3  
REDMOND, WA 980739706

FEI Number: 91-0697691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEBSTER, BRIAN  
Address: 11811 WILLOWS RD. NE  
City-St-Zip: REDMOND, WA 98052

Title: VPD ( ) Delete  
Name: ELLIS, GARY L  
Address: 710 MEDTRONIC PKWY  
City-St-Zip: MINNEAPOLIS, MN 55432

Title: VPTD ( ) Delete  
Name: TEFFT, THOMAS M  
Address: 710 MEDTRONIC PKWY  
City-St-Zip: MINNEAPOLIS, MN 55432

Title: VPD ( ) Delete  
Name: ELLIS, GARY L  
Address: 710 MEDTRONIC PKWY  
City-St-Zip: MINNEAPOLIS, MN 55432

Title: S ( ) Delete  
Name: UMBERGER, TRACI S  
Address: 1811 WILLOWS ROAD NE  
City-St-Zip: REDMOND, WA 98052

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WEBSTER

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date