

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006056

FILED
Mar 31, 2011
Secretary of State

Entity Name: ADVANCED RESPIRATORY, INC.

Current Principal Place of Business:

1069 STATE ROUTE 46E
BATESVILLE, IN 47006 US

New Principal Place of Business:

Current Mailing Address:

1069 STATE ROUTE 46E
BATESVILLE, IN 47006 US

New Mailing Address:

FEI Number: 41-1419350 **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

OFFICERS AND DIRECTORS:

Title: CEO
Name: GREISCH, JOHN J
Address: 180 N. STETSON AVE., SUITE 4100
City-St-Zip: CHICAGO, IL 60601 US

Title: VP
Name: KELLER, RICHARD G
Address: 1069 STATE ROUTE 46E
City-St-Zip: BATESVILLE, IN 47006 US

Title: SEC
Name: LICHTENSTEIN, SUSAN R
Address: 180 N. STETSON AVE., SUITE 4100
City-St-Zip: CHICAGO, IL 60601 US

Title: TRES
Name: MACEK, MICHAEL
Address: 1069 STATE ROUTE 46E
City-St-Zip: BATESVILLE, IN 47006 US

Title: VP
Name: MCGOWAN, JOSEPH A IV
Address: 180 N. STETSON AVE., SUITE 4100
City-St-Zip: CHICAGO, IL 60601 US

Title: VP
Name: MACKLIN, ROBERT L
Address: 180 N. STETSON AVE., SUITE 4100
City-St-Zip: CHICAGO, IL 60601

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH A MCGOWAN IV

VP

03/31/2011

Electronic Signature of Signing Officer or Director

_____ Date