

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170667

Entity Name: ZOLL, INC.

FILED  
Jul 12, 2005  
Secretary of State

## Current Principal Place of Business:

3500 MYSRIC POINTE DR.  
#3802  
AVENTURA, FL 33180 US

## Current Mailing Address:

3500 MYSRIC POINTE DR.  
#3802  
AVENTURA, FL 33180 US

## New Principal Place of Business:

3500 MYSTIC POINTE DR.  
#3802  
AVENTURA, FL 33180 US

## New Mailing Address:

3500 MYSTIC POINTE DR.  
#3802  
AVENTURA, FL 33180 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INFANTE & ZUMPARO, P.A.  
2801 PONCE DE LEON BLVD.  
PENTHOUSE 1280  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: WAGNER, ABRAHAM  
Address: 3500 MYSRIC POINTE DR. #3802  
City-St-Zip: AVENTURA, FL 33180 US

Title: D ( ) Delete  
Name: WAGNER, DANIEL  
Address: 3500 MYSRIC POINTE DR. #3802  
City-St-Zip: AVENTURA, FL 33180 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WAGNER, ELISA  
Address: 3500 MYSTIC POINTE DR. #3802  
City-St-Zip: AVENTURA, FL 33180 US

Title: D (X) Change ( ) Addition  
Name: WAGNER, DANIEL  
Address: 3500 MYSTIC POINTE DR. #3802  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELISA WAGNER

D

07/12/2005

Electronic Signature of Signing Officer or Director

Date