2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
CC2279007554

DOCUMENT# F93000002955

Entity Name: LAERDAL MEDICAL CORPORATION

Current Principal Place of Business:

167 MYERS CORNERS RD
WAPPINGER FALLS, NY 12950

Current Mailing Address:

167 MYERS CORNERS RD
WAPPINGER FALLS, NY 12950 US

FEI Number: 13-2587752

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	P
Name	JOHNSON, DAVID
Address	167 MYERS CORNERS ROAD
City-State-Zip:	WAPPINGERS FALLS NY 12590

Title	DIRECTOR
Name	MATHISEN, EGIL
Address	TANKE SVLANDS GT 30, N-4001
City-State-Zip:	STAVANGER

Title	DIRECTOR
Name	BRYNE, TOR H
Address	LAERDAL MEDICAL A/S TANKE SVILANDS GATE 30
City-State-Zip:	STAVANGER N-4002

Title	SECRETARY, DOF
Name	GOODWIN, PATRICIA
Address	167 MYERS CORNERS RD
City-State-Zip:	WAPPINGERS FALLS NY 12590

Title	VP
Name	PAHLOW, JOSEPH
Address	167 MYERS CORNERS RD
City-State-Zip:	WAPPINGER FALLS NY 12950

Title	VP
Name	ARNOLD, SCOTT
Address	167 MYERS CORNERS RD
City-State-Zip:	WAPPINGERS FALLS NY 12590

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: PATRICIA GOODWIN SECRETARY 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date