

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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:** No**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	CD
Name	MATHISEN, EGIL
Address	TANKE SVLANDS GT 30, N-4001
City-State-Zip:	STAVANGER NO

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

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

Title	CHAIRMAN
Name	PATRICKSON, WILLIAM C
Address	TANKE SVLANDS GT 30
City-State-Zip:	STAVANGER N4002

Title	VP
Name	PATTERSON, ROSIE
Address	226 FM 116
City-State-Zip:	GATESVILLE TX 76528

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****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date