

2023 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:** 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 SECRETARY, DOF, DIRECTOR
Name GOODWIN, PATRICIA
Address 167 MYERS CORNERS RD
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 CHAIRMAN
Name DYBDAHL, ALF CHRISTIAN
Address TANKE SVILANDS GT 30
City-State-Zip: STAVANGER N-4002

Title PRESIDENT, DIRECTOR
Name WEBER, NEIL
Address 167 MYERS CORNERS RD
City-State-Zip: WAPPINGERS FALLS NY 12590

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****04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date