

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006781

**Entity Name:** RICHARD WOLF MEDICAL INSTRUMENTS CORP.

**Current Principal Place of Business:**

353 CORPORATE WOODS PARKWAY  
VERNON HILLS, IL 60061

**Current Mailing Address:**

353 CORPORATE WOODS PARKWAY  
VERNON HILLS, IL 60061

**FEI Number: 36-2732789**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            NOTHEIS, ALFONS  
Address        PFORZHEIMER STR. 32  
City-State-Zip: KNITTLINGEN GERMANY 75438

Title            S  
Name            CONSTON, HENRY S  
Address        100 HARBORVIEW DRIVE SUITE 405  
City-State-Zip: PORT WASHINGTON NY 11050

Title            COO  
Name            KARST, SIEGFRIED  
Address        PFORZHEIMER STR. 32  
City-State-Zip: KNITTLINGEN GERMANY 75438

Title            DIRECTOR OF ADMINISTRATION  
Name            HAMILTON, PETRA  
Address        353 CORPORATE WOODS PARKWAY  
City-State-Zip: VERNON HILLS IL 60061

*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: PETRA HAMILTON**

**DIR. OF ADMINISTRATION 04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date