2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003369

Entity Name: PHYSIO-CONTROL, INC.

Current Principal Place of Business:

11811 WILLOWS ROAD N.E. REDMOND. WA 98052

Current Mailing Address:

11811 WILLOWS ROAD N.E. REDMOND, WA 98052 US

FEI Number: 91-0697691 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED Apr 29, 2019

Secretary of State

5748014429CC

Officer/Director Detail:

Title	PRESIDENT	Title	SECRETARY, VP
Name	SAAR, BRADFORD L.	Name	BERGY, DEAN H.

Address 2825 AIRVIEW BOULEVARD Address 2825 AIRVIEW BOULEVARD

City-State-Zip: KALAMAZOO MI 49002 City-State-Zip: KALAMAZOO MI 49002

TitleVPTitleTREASURER, VPNameMENDONCA, BRIANNameBLONDIA, JEANNE M.Address11811 WILLOWS ROAD N.E.Address2825 AIRVIEW BOULEVARD

City-State-Zip: REDMOND WA 98052 City-State-Zip: KALAMAZOO MI 49002

Title VP Title VP

Name FURGASON, DAVID G. Name KRILL, JOSEPH A.

Address 2825 AIRVIEW BOULEVARD Address 2825 AIRVIEW BOULEVARD

City-State-Zip: KALAMAZOO MI 49002 City-State-Zip: KALAMAZOO MI 49002

Title VP Title DIRECTOR

NamePARRISH, MITCHELL E.NameSCANNELL, TIMOTHY J.Address11811 WILLOWS ROAD N.E.Address2825 AIRVIEW BOULEVARDCity-State-Zip:REDMOND WA 98052City-State-Zip:KALAMAZOO MI 49002

Continues on page 2

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: BRIAN MENDONCA VICE PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name $$\operatorname{\mathsf{BERRY}}$, WILLIAM E. JR.

Address 2825 AIRVIEW BOULEVARD

City-State-Zip: KALAMAZOO MI 49002