

2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000006056

Entity Name: ADVANCED RESPIRATORY, INC.**Current Principal Place of Business:**1020 WEST COUNTY ROAD F
ST.PAUL, MN 55126**Current Mailing Address:**1020 WEST COUNTY ROAD F
ST.PAUL, MN 55126 US**FEI Number:** 41-1419350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	VP
Name	ROEHRICH, KARI
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	PRESIDENT, DIRECTOR
Name	RASUL, REAZUR
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	VP
Name	HEINE, BERNARD
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Name	GRADE, JOEL T.
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	VP
Name	BORZI, JAMES
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	VICE PRESIDENT AND SECRETARY
Name	BRADFORD, ELLEN K.
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	ASSISTANT TREASURER
Name	FLEMING, CHRISTINE
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

Title	VICE PRESIDENT AND TREASURER
Name	LEETS, KAREN L.
Address	1020 WEST COUNTY ROAD F
City-State-Zip:	ST.PAUL MN 55126

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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: KIMBERLY OLSON**ASSISTANT SECRETARY** 02/04/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BAILEY, DAVID
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST. PAUL MN 55126

Title VP
Name YOUNG, THOMAS
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title VP
Name RANGAN, VIJAY
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title VP
Name BARRUOS, MARTIZA
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title VP
Name SMITH, MARY
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title ASSISTANT SECRETARY
Name BERGHOFF, ETHAN
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title ASSISTANT SECRETARY
Name OLSON, KIMBERLY
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126

Title VP
Name HOLLAND, SEJLA
Address 1020 WEST COUNTY ROAD F
City-State-Zip: ST.PAUL MN 55126