2025 FOREIGN PROFIT CORPORATION 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

FILED Jan 29, 2025

Secretary of State

3079724818CC

Officer/Director Detail:

Title VP Title PRESIDENT

Name ROEHRICH, KARI Name RASUL, REAZUR

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126

Title VP Title VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

Name HEINE, BERNARD Name GRADE, JOEL T.

Address 1020 WEST COUNTY ROAD F

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City-State-Zip: ST.PAUL MN 55126

City-State-Zip: ST.PAUL MN 55126

Title VP

Name BORZI, JAMES Title VICE PRESIDENT AND SECRETARY

Address 1020 WEST COUNTY ROAD F

Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126

Title ASSISTANT TREASURER Title VICE PRESIDENT AND TREASURER

Name FLEMING, CHRISTINE Name LEETS, KAREN L.

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 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 01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title

Name RUSHFORD, JON S. Name BAILEY, DAVID

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

VΡ

VΡ

Title

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST. PAUL MN 55126

Title VP

Name SMITH, MARY Name YOUNG, THOMAS

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126

Title ASSISTANT SECRETARY Title V

Name BERGHOFF, ETHAN Name RANGAN, VIJAY

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126

Title ASSISTANT SECRETARY Title VP

Name OLSON, KIMBERLY Name BAILEY, DAVID

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126

Title VP

Name BARRUOS, MARTIZA Name HOLLAND, SEJLA

Address 1020 WEST COUNTY ROAD F Address 1020 WEST COUNTY ROAD F

City-State-Zip: ST.PAUL MN 55126 City-State-Zip: ST.PAUL MN 55126