

1.) CORPORATION NAME:

**LAERDAL MEDICAL CORPORATION**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1144759**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 167 MYERS CORNERS RD

CITY/ST/ZIP: WAPPINGERS FALLS, NY 12590-8840

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	167 MYERS CORNERS ROAD		
CITY/ST/ZIP/CO:	WAPPINGERS FALLS, NY 12590		
NAME:	JOSEPH PAHLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	167 MYERS CORNERS ROAD		
CITY/ST/ZIP/CO:	WAPPINGERS FALLS, NY 12590		
NAME:	PATRICIA GOODWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	167 MYERS CORNERS ROAD		
CITY/ST/ZIP/CO:	WAPPINGERS FALLS, NY 12590		
NAME:	W CLIVE PATRICKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	LAERDAL MEDICAL A/S		
CITY/ST/ZIP/CO:	Stavanger, , NO		
NAME:	TORE LAERDAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 377		
CITY/ST/ZIP/CO:	Stavanger, , NO		
NAME:	EGIL MATHISEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 377		
CITY/ST/ZIP/CO:	Stavanger, , NO		

NAME: Rosie Patterson TITLE: VICE PRESIDENT ADDRESS: 226 FM 116 CITY/ST/ZIP/CO: Gatesville, TX 76528	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PATRICIA GOODWIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PATRICIA GOODWIN,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>4/21/2014</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.