

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

Invacare Corporation

SCC ID NO: **F1841990**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
COMB	12,000,000
SEP	188,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE INVACARE WAY

CITY/ST/ZIP: ELYRIA, OH 44035-

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: GERALD B. BLOUCH
TITLE: PRESIDENT
ADDRESS: ONE INVACARE WAY
CITY/ST/ZIP/CO: ELYRIA, OH 44035-

OFFICER

DIRECTOR

NAME: A MALACHI MIXON III
TITLE: CHAIRMAN
ADDRESS: ONE INVACARE WAY
CITY/ST/ZIP/CO: ELYRIA, OH 44035-

OFFICER

DIRECTOR

NAME: ROBERT K. GUDBRANSON
TITLE: TREASURER
ADDRESS: ONE INVACARE WAY
CITY/ST/ZIP/CO: ELYRIA, OH 44035-

OFFICER

DIRECTOR

NAME: ANTHONY C. LAPLACA
TITLE: SECRETARY
ADDRESS: ONE INVACARE WAY
CITY/ST/ZIP/CO: ELYRIA, OH 44035-

OFFICER

DIRECTOR

NAME: JEROME E. FOX, JR
TITLE: VICE PRESIDENT
ADDRESS: ONE INVACARE WAY
CITY/ST/ZIP/CO: ELYRIA, OH 44035-

OFFICER

DIRECTOR

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/ ANTHONY C. LAPLACA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ANTHONY C. LAPLACA, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/3/2011</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.