Filing Fee: \$75.00

1D Number: 8453



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Draeger Medical, Inc.							
2.	It is incorporated under the laws of Pennsylvania	201	týs Cart					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the S Island on 5/22/1995 , authorizing it to transact business in Rhode Island un N.A.D., Inc.							
4.	The corporate name of the corporation has been changed to Draeger, Inc.	P# 	OHS DIV					
	` (If no change, so indicate.)	<i>L</i> >3	1777					
5,	The name, if different, which it elects to use in Rhode Island is:							
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "Incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:							
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:							
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:							
	(If no other or additional purposes are proposed, insert "No Change.")							
	No change							
	FILED							
	I No. 151 sed: 12/05							

		Total Number of Authorized Shares Charage	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value			
8.	(a)	An estimate of the value of all is \$	property to be own	ed by the corporation fo	r the following year, wherever located,			
	(b)	An estimate of the value of the is \$	e corporation's prop	erty to be located within	Rhode Island during the following year			
	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is%. [divide (b) by (a) and multiply by 100 to obtain the percentage]							
9.	(a)	An estimate of the gross amou	unt of business to be	transacted by the corp	oration during the following year is			
	(b)	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$						
		(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is%. [divide (b) by (a) and multiply by 100 to obtain the percentage]						
10.	Exc	cept as herein modified, the or reby confirmed, ratified and inc	iginal Application fo orporated by referer	r Certificate of Authority nce into this Application	continues in full force and effect and is for Amended Certificate of Authority.			
11.	This whi	s Application for Amended Cer ich shall be no later than the 90	tificate of Authority : th day after the date	shall be effective upon f of this filing	iling unless a specified date is provided			
Date	ə:	5/20/2014	ce ni	camined this Application cluding any accompatements contained here	ry, I declare and affirm that I have no for Amended Certificate of Authority, anying attachments, and that all ein are true and correct.			