

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

2010 OCT 20 E111: 14	THE STATE

for that purpose submits the following statement.		
The name of the corporation is:		
Laerdal Medical Corporation		
It is incorporated under the laws of: New Yor	k	
3. The name, if different, which it elects to use in Rh	node Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhofiled with this application:		
4. The date of its incorporation is: 4/28/1967		
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	Е ВОХ	
Date certain for dissolution		
5. The address of its principal office is:		
167 Myers Corners Rd, Wappingers Falls, NY 129	590	
6. The name and address of the initial registered ago	ent/office of in Rhode Island:	
Agent Name National Registered Agents, Inc		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Mer	norial Parkway, suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2 0 2016
BY \$\ightarrow \text{D} \text{386456}

<u> </u>					
			ne transaction o	of business in Rhode Island are:	
sales of medical and n	nedical trainin	ig equipment			
	· · · · ·				
8. (a) The names and re state or country of which			optional, unless	s directors are required under the laws of the	
NAME				ADDRESS	
David Johnson	167 Myers Corners R		Rd, Wappinge	rs Falls, NY 12590	
Patricia Goodwin		167 Myers Corners	Rd, Wappinge	rs Falls, NY 12590	
W. Clive Patrickson		Tanke Svilands Gate	e 30, Stavange	er, Norway	
Egil Mathisen		Tanke Svilands Gate	e 30, Stavange	er, Norway	
				Check the box to indicate an attachment.	
8. (b) The names and re of the state or country o			ficers (mandato	ory if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	David Johnson		167 Myers C	167 Myers Corners Rd, Wappingers Falls, NY 12590	
VICE PRESIDENT	Joseph Pahlow		167 Myers Corners Rd, Wappingers Falls, NY 12590		
TREASURER					
SECRETARY	Patricia Goo	dwin	167 Myers C	167 Myers Corners Rd, Wappingers Falls, NY 12590	
	<u> </u>			Check the box to indicate an attachment.	
9. The aggregate number par value, and series, if			ssue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
200	n/a	n/a		no par	
					
-					
	· · · · · · · · · · · · · · · · · · ·				
10. (a) Estimate, in doll owned by the corporatio				n dollars, the value of the corporation's property within Rhode Island during the following year:	
located:		ing year, wherever			
\$_36,699,476		<u> </u>	\$ <u></u>	,649	
(c) Estimate as a nerce	ntage the pro	nortion that the estima	ted value of the	e property of the corporation to be located	
within this state during th	ne following yea	ar bears to the value o	of all property of	f the corporation to be owned during the	
• .	located. Note:	Divide (10b) by (10a)	and multiply by	y 100 to obtain the percentage.	
.02 %					

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		oss amount of business to be at or from places of business in wing year.
\$ 223,519,654	\$ 994,796	
Φ	Φ	
(c) Estimate, as a percentage , the proportion of the gross at from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage.</i>	year compared to the gross a	mount thereof which will be
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated		
13. Date when the Certificate of Authority will be effective: Cl	HECK ONLY ONE BOX	
✓ Date received (Upon filing)		7
Later effective date (Date must be no more than 90 days	s from the day of filing)	
Under penalty of perjury, I declare and affirm that I have example accompanying attachments, and that all statements contained		ficate of Authority, including any
Type or Print Name of Authorized Officer		Date
Patricia Goodwin		10/17/16
Signature of Authorized Officer of the Corporation	设备。26 · 医45克米	

Laerdal Medical Corporation Form 150 – Additional Information

Line 8(a)

Directors

Name	Address
Tor Bryne	Tanke Svilands Gate 30, Stavanger, Norway

Line 8(b)

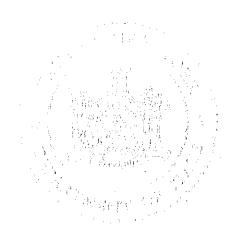
Officers

Name	Address
Scott Arnold	167 Myers Corners Rd, Wappingers Falls, NY 12590

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LAERDAL MEDICAL CORPORATION was filed on 04/28/1967, under the name of LAERDAL CORPORATION, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment LAERDAL CORPORATION, changing its name to LAERDAL MEDICAL CORPORATION, was filed 08/18/1967.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of September two thousand and sixteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

