



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001660727		2. Exact name of the Corporation Cardiac Science Corporation			
3. Principal Office Address 500 Burdick Parkway			City Deerfield	State WI	Zip 53531
4. NAICS Code 334510		6. Brief description of the character of business conducted in Rhode Island Develop, Manufacture and Market Automated External Defibrillators and related parts, components and accessories			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Devdatt Kurdikar			Vice-President Name Dan Harrington		
Street Address 500 Burdick Parkway			Street Address 500 Burdick Parkway		
City Deerfield	State WI	Zip 53531	City Deerfield	State WI	Zip 53531
Secretary Name			Treasurer Name Dan Harrington		
Street Address			Street Address 500 Burdick Parkway		
City	State	Zip	City Deerfield	State WI	Zip 53531
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sean Ozbolt			Director Name		
Street Address 10877 Wilshire Blvd			Street Address		
City Los Angeles	State CA	Zip 90024	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			100	Common	\$0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Mallory Homb, Controller				Date 9/22/2017	
Signature of Authorized Representative <i>Mallory Homb</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

JUN 25 2018
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