

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001125

**Entity Name:** THE ALARIS GROUP, INC.

**Current Principal Place of Business:**

5001 AMERICAN BLVD W  
#405  
BLOOMINGTON, MN 55437

**Current Mailing Address:**

5001 AMERICAN BLVD W  
#405  
BLOOMINGTON, MN 55437 US

**FEI Number:** 41-1957309

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            DELICH, ANTHONY D.  
Address        5001 AMERICAN BLVD W  
                  #405  
City-State-Zip: BLOOMINGTON MN 55437

Title            PRESIDENT  
Name            STORMENT, MARIJO  
Address        5001 AMERICAN BLVD W  
                  #405  
City-State-Zip: BLOOMINGTON MN 55437

Title            TREASURER  
Name            DELICH, ANTHONY D.  
Address        5001 AMERICAN BLVD W  
                  #405  
City-State-Zip: BLOOMINGTON MN 55437

Title            DIRECTOR  
Name            DELICH, ANTHONY D.  
Address        5001 AMERICAN BLVD W  
                  #405  
City-State-Zip: BLOOMINGTON MN 55437

Title            DIRECTOR  
Name            MASTRI, THOMAS  
Address        5001 AMERICAN BLVD W  
                  #405  
City-State-Zip: BLOOMINGTON MN 55437

Title            DIRECTOR  
Name            STORMENT, MARIJO  
Address        825 EAST LESLIE DRIVE  
City-State-Zip: GARREETSON SD 57030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY D. DELICH

**SECRETARY**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date