

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001125

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

**Current Principal Place of Business:**

4009 W 49TH STREET  
SUITE 101  
SIOUX FALLS, SD 57106-5221

**Current Mailing Address:**

4009 W 49TH STREET  
SUITE 101  
SIOUX FALLS, SD 57106-5221 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 DIRECTOR  
Name MASTRI, THOMAS  
Address 4009 W 49TH STREET  
SUITE 101  
City-State-Zip: SIOUX FALLS SD 57106-5221

Title SECRETARY  
Name DELICH, ANTHONY D.  
Address 4009 W 49TH STREET  
SUITE 101  
City-State-Zip: SIOUX FALLS SD 57106-5221

Title DIRECTOR  
Name DELICH, ANTHONY D.  
Address 4009 W 49TH STREET  
SUITE 101  
City-State-Zip: SIOUX FALLS SD 57106-5221

Title CFO/CAO  
Name DELICH, ANTHONY D.  
Address 4009 W 49TH STREET  
SUITE 101  
City-State-Zip: SIOUX FALLS SD 57106-5221

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

Title CEO  
Name STORMENT, MARIJO  
Address 4009 W 49TH STREET  
SUITE 101  
City-State-Zip: SIOUX FALLS SD 57106-5221

*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

CFO/CAO

04/23/2021

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

\_\_\_\_\_  
Date