KONINKLIJKE PHILIPS ELECTRONICS VS ZOLL MEDICAL CORPORATION N.V., ET AL PLAINTIFF/PETITIONER Cynthia Paris being first duly sworn, depose and say: that I am over the age of 18 years and not a party to this action, and that within the boundaries of the state where service was effected, I was authorized by law to perform said service. Service: I served Zoll Medical Corporation c/o CT Corporation NAME OF PERSON / ENTITY BEING SERVED COMPLAINT, CIVIL COVER SHEET, MA CATEGORY SHEET, PTO AO 120 FORM, CORPORATE with (list documents) DISCLOSURE STATEMENT, SUMMONS TO ZOLL, AMENDED COMPLAINT Corporate Service Representative At Gail Brown by leaving with RELATIONSHIP □ Residence **ADDRESS** CITY / STATE Boston, MA 02110 Business 155 Federal Street **ADDRESS** CITY / STATE October 13, 2010 2:22 pm Inquired if subject was a member of the U.S. Military and was informed they are not. Thereafter copies of the documents were mailed by prepaid, first class mail on_ DATE Manner of Service: ☐ **Personal:** By personally delivering copies to the person being served. ☐ Substituted at Residence: By leaving copies at the dwelling house or usual place of abode of the person being served with a member of the household over the age of _____ and explaining the general nature of the papers. Substituted at Business: By leaving, during office hours, copies at the office of the person/entity being served with the person apparently in charge thereof. □ Posting: By posting copies in a conspicuous manner to the front door of the person/entity being served. Non-Service: After due search, careful inquiry and diligent attempts at the address(es) listed above, I have been unable to effect process upon the person/entity being served because of the following reason(s): □ Unknown at Address □ Moved, Left no Forwarding □ Service Cancelled by Litigant □ Unable to Serve in Timely Fashion ☐ Address Does Not Exist ☐ Other Service Attempts: Service was attempted on: (1) Glasses yes Description: Age 45 Sex F Race white Height 5' 2" Weight 135 SUBSCRIBED AND SWORN to before me this day of Utober Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me SIGNATURE OF NOTARY PUBLIC NOTARY PUBLIC for the state of IATIONAL ASSOCIATION OF PROFESSIONAL PROCESS SERVERS

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS
(NAME OF COURT)

