

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 823962 (6)**  
 1. Corporation Name  
**TELEFLEX INCORPORATED**



Principal Place of Business 155 S. LIMERICK ROAD LIMERICK PA 19468	Mailing Address 155 S. LIMERICK ROAD LIMERICK PA 19468
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/22/1969</b>	4. FEI Number <b>23-1147939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKMAN, D.	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CHANCE, STEVEN K.	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HORVATH, LOUIS T	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOLDT, RONALD D.	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOYER, DAVID S.	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLACK, LENNOK K	
STREET ADDRESS	155 S LIMERICK RD	
CITY-ST-ZIP	LIMERICK PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HERBERT K. ZEARFOSS** JAN 22 1998 (40) 948-2887

CR2E034 (10/97)

Name	Address
L.K. Black	630 W. Germantown Pike Plymouth Meeting, PA
L.E. Hatch, Jr.	2000 Red Maple Grove Ambler, PA 19002
P.E. Retzlaff	669 New Road Gilbertsville, PA 19102
D. Beckman	2900 One Liberty Place 1650 Market Street Phila., PA 19103
P. Hutchinson	700 The Bellevue, 200 S. Broad St. Phila., PA 19102
J.H. Remer	630 W. Germantown Pike Plymouth Meeting, PA 19462
J.W. Stratton	610 W. Germantown Pike, Suite 361 Plymouth Meeting, PA 19462
S.W. Lubsen	Elm and Lee Streets Conshohocken, PA 19428
D.S. Boyer	630 W. Germantown Pike Plymouth Meeting, PA 19462
J.S. Gonella	211 Country Club Lane Wallingford, PA 19086

Officers	Name	Address
Chairman	L.K. Black	155 S. Limerick Rd. Limerick, PA 19468
President	D. S. Boyer	630 W. Germantown Pike Plymouth Meeting, PA 19462
VP/Secr.	S. Chance	" "
VP/CFO	H. Zuber	" "
Asst. Treas.	T. M. Byrne	155 S. Limerick Rd Limerick, PA 19468
Asst. Secr	H. K. Zearfoss	" "