

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90148 030 \*\*\*550.00

**DOCUMENT # F01000000868**

**1. Entity Name**  
**LASERSCOPE CORPORATION**

**Principal Place of Business**  
 3070 ORCHARD DRIVE  
 SAN JOSE CA 95134

**Mailing Address**  
 3070 ORCHARD DRIVE  
 SAN JOSE CA 95134



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 77-0049527		<b>Applied For</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
WHITE, FOWLER 501 E. KENNEDY BLVD., STE 1700 TAMPA FL 33602				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. SEE SUPPLEMENT. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REUTER, ERIC		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, ROBERT		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	V- / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LALUMANIERE, DENNIS		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSLEY, ROBERT		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, RODNEY		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMANN-ETIENNE, RUEDIGER		NAME		
STREET ADDRESS	3070 ORCHARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA		CITY-ST-ZIP		

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature] VP FINANCE / CFO **8/19/02** **(408)943-0636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # F01000000868  
917571

**LASERSCOPE**

**Board of Directors**  
Supplementary

Name

Address

James R. Baumgart  
Director

3070 Orchard Drive  
San Jose, CA 95134

Robert Pearson  
Director

3070 Orchard Drive  
San Jose, CA 95134

Attachment  
Dir. # FO 1000000868 977571

## Laserscope Officers

### Supplementary

<u>Name/ SSN</u>	<u>Title</u>	<u>Address</u>
Van Fraizer	Vice President Quality Assurance Regulatory Affairs	3070 Orchard Drive San Jose, CA 95134
Kerrick Securda	Vice President, Marketing and Business Development	3070 Orchard Drive San Jose, CA 95134