

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 15 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0100000868 1. Entity Name LASERSCOPE CORPORATION	
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Principal Place of Business 3070 ORCHARD DRIVE SAN JOSE, CA 95134	Mailing Address 3070 ORCHARD DRIVE SAN JOSE, CA 95134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 77-0049527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Janeta Mahoney Asst Secretary* DATE: *11/8/04*

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUTER, ERIC	NAME	200042752002
STREET ADDRESS	3070 ORCHARD DRIVE	STREET ADDRESS	11/15/04--01061--020 **150.00
CITY-ST-ZIP	SAN JOSE, CA	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	EV	TITLE	<input 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	
	<input type="checkbox"/> Delete		
TITLE	VCFO	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA LUMANDIERE, DENNIS	NAME	<i>VCFO</i>
STREET ADDRESS	3070 ORCHARD DRIVE	STREET ADDRESS	<i>LaLumandiere, Dennis</i>
CITY-ST-ZIP	SAN JOSE, CA	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	CD	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	
	<input type="checkbox"/> Delete		
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, RODNEY	NAME	<i>Perkins</i>
STREET ADDRESS	3070 ORCHARD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, CA	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. LaLumandiere* DATE: *11/3/04* 408-943-9630

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

Additional Officers and Directors

Title V
Name Ken Arnold
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134

Title V
Name Van Frazier
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134

Title V
Name William Kelley
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134

Title V
Name Robert Mann
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134

Title D
Name James Baumgart
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134

Title D
Name Robert Pearson
Street Address 3070 Orchard Drive
City, St, ZIP San Jose, CA 95134