

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005704

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: INNERDYNE, INC.

Current Principal Place of Business:

150 GLOVER AVENUE
NORWALK, CT 06856

New Principal Place of Business:

Current Mailing Address:

150 GLOVER AVENUE
NORWALK, CT 06856

New Mailing Address:

FEI Number: 87-0431168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEELIA, RICHARD
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: P () Delete
Name: PANZER, ALAN
Address: 150 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: VCFO (X) Delete
Name: AMELIO, STEVEN
Address: 150 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: V () Delete
Name: GUTIN, IRVING
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: BELNICK, MICHAEL
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: DOCKENDORF, CHUCK
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAT (X) Change () Addition
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GUTIN, IRVING
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT STEVENSON

VPAT

04/23/2002

Electronic Signature of Signing Officer or Director

Date