

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P32127 (3)

1. Corporation Name

COBE BCT, INC.

Principal Place of Business

**1185 OAK ST.
LAKEWOOD CO 80215**

Mailing Address

**1185 OAK ST.
ATTN: TAX DEPT
LAKEWOOD CO 80215
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 04/05/1994
4. FEI Number 84-1155788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOOD, EDWARD
STREET ADDRESS	13062 W LASALLE CIR
CITY - ST - ZIP	LAKEWOOD CO
TITLE	VP
NAME	DANVERS, NANCY
STREET ADDRESS	23337 FESCUE DRIVE
CITY - ST - ZIP	GOLDEN CO
TITLE	AS
NAME	HARRINGTON, JACKIE
STREET ADDRESS	12387 WEST ARIZONA AVE.
CITY - ST - ZIP	LAKEWOOD CO
TITLE	ST
NAME	LAWSON, HERBERT S
STREET ADDRESS	15865 W. RIDGE TEE DRIVE
CITY - ST - ZIP	MORRISON CO
TITLE	D
NAME	WAHLSTROM, MATS
STREET ADDRESS	1185 OAK ST.
CITY - ST - ZIP	LAKEWOOD CO
TITLE	D
NAME	WOOD, EDWARD C. JR.
STREET ADDRESS	1201 OAK ST
CITY - ST - ZIP	LAKEWOOD CO

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Herbert S. Lawson HERBERT S. LAWSON 4/21/95 SECRETARY/TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)