

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

**FILED**

**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 80215-4407 US

3. Date Incorporated or Qualified: 12/11/1990  
 3a. Date of Last Report: 05/01/1996  
 4. FEI Number: 84-1155788  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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

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 fee if applicable. (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D / P
NAME	WOOD, EDWARD	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13062 W LASALLE CIR	1.3 STREET ADDRESS	1201 Oak Street
CITY-ST-ZIP	LAKEWOOD CO	1.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	VP	2.1 TITLE	VP
NAME	DANVERS, NANCY	2.2 NAME	Gary Heath
STREET ADDRESS	23337 FESCUE DRIVE	2.3 STREET ADDRESS	1201 Oak Street
CITY-ST-ZIP	GOLDEN CO	2.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	AS	3.1 TITLE	VP
NAME	HARINGTON, JACKIE	3.2 NAME	William A. Mercer
STREET ADDRESS	12387 WEST ARIZONA AVE.	3.3 STREET ADDRESS	1201 Oak Street
CITY-ST-ZIP	LAKEWOOD CO	3.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	ST	4.1 TITLE	D/VP/T
NAME	LAWSON, HERBERT S	4.2 NAME	
STREET ADDRESS	15885 W. RIDGE TEE DRIVE	4.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP	MORRISON CO	4.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	D	5.1 TITLE	VP/S
NAME	WAHLSTROM, MATS	5.2 NAME	Ralph Z. Levy, Jr.
STREET ADDRESS	1185 OAK ST.	5.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP	LAKEWOOD CO	5.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	D	6.1 TITLE	AS
NAME	WOOD, EDWARD C. JR.	6.2 NAME	Nancy A. Walla
STREET ADDRESS	1201 OAK ST	6.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP	LAKEWOOD CO	6.4 CITY-ST-ZIP	Lakewood, CO 80215

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 or on an attachment with an address.

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

CR2E034 (9/96)