

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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: LEGAL DEPARTMENT LAKEWOOD CO 80215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 12/11/1990	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, EDWARD	
STREET ADDRESS	1201 OAK STRET LAKEWOOD CO	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEATH, GARY	
STREET ADDRESS	1201 OAK STREET LAKEWOOD CO	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MERCER, WILLIAM A	
STREET ADDRESS	1201 OAK STREET LAKEWOOD CO	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, HERBERT S	
STREET ADDRESS	15865 W. RIDGE TEE DRIVE MORRISON CO	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAHLSTROM, MATS	
STREET ADDRESS	1185 OAK ST. LAKEWOOD CO	
CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LEVY, JR. R Z.	
STREET ADDRESS	1185 OAK STREET LAKEWOOD CO	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce Winsor	
1.3 STREET ADDRESS	1185 Oak Street	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	
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 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 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 if changed, or on an attachment with an address.

SIGNATURE _____ **4/22/98** (303) 231-6091

CR2E034 (10/97)