


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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90008 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32127
 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 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/11/1990	4. FEI Number 84-1155788	Applied For 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 the current year Intangible Personal Property Tax. <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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WINSOR, BRUCE	
STREET ADDRESS	1185 OAK ST	
CITY-ST-ZIP	LAKEWOOD CO 80215	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MERCER, WILLIAM A	
STREET ADDRESS	1201 OAK STREET	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAHLSTROM, MATS	
STREET ADDRESS	1185 OAK ST.	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LEVY, JR. R Z.	
STREET ADDRESS	1185 OAK STREET	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn N. Meyer	
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, with all other like empowered.

SIGNATURE:  Lynn N. Meyer 4/26/99 (303) 205-2542
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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**COBE BCT, INC.
BOARD OF DIRECTORS**

<u>Name</u>	<u>Business Address</u>
EDWARD J. GIACHETTI	14401 W. 65th Way Arvada, CO 80004
UGO GRONDELLI	Via Aldo Moro 1/A I-43035 Felino, Italy
RALPH Z. LEVY, JR.	5200 Maryland Way Suite 300 Brentwood, TN 37027
MATS WAHLSTRÖM	1185 Oak Street Lakewood, CO 80215
EDWARD C. WOOD, JR.	1201 Oak Street Lakewood, CO 80215
SOREN MELLSTIG	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden
MIKAEL LILUS	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden
KEVIN M. SMITH	1185 Oak Street Lakewood, CO 80215

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**COBE BCT, INC.
OFFICERS**

<u>Name/Title</u>	<u>Business Address</u>
EDWARD C. WOOD, JR. President	1201 Oak Street Lakewood, CO 80215
GARY HEATH Vice President	1201 Oak Street Lakewood, CO 80215
WILLIAM MERCER Vice President	1201 Oak Street Lakewood, CO 80215
RALPH Z. LEVY, JR. Vice President/Secretary	5200 Maryland Way Suite 300 Brentwood, TN 37027
KEVIN M. SMITH Vice President/Treasurer	1185 Oak Street Lakewood, CO 80215
BRUCE WINSOR Asst. Secretary	1185 Oak Street Lakewood, CO 80215
SIMON CASTELLANOS Asst. Treasurer	1185 Oak Street Lakewood, CO 80215
ROBERT COLE Controller and Assistant Treasurer	1201 Oak Street Lakewood, CO 80215
LYNN N. MEYER Asst. Secretary	1185 Oak Street Lakewood, CO 80215