

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90331 026 ***150.00

DOCUMENT # P32127

1. Entity Name
GAMBRO BCT, INC.

Principal Place of Business 10810 W COLLINS AVE LAKEWOOD CO 80215	Mailing Address 10810 W COLLINS AVE ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 US
---	---

962425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10811 W. Collins Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State Lakewood, Colorado	City & State	4. FEI Number 84-1155788	Applied For Not Applicable
Zip 80215-4440	Country US	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINSOR, BRUCE 1185 OAK ST LAKEWOOD CO 80215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERCER, WILLIAM A 1201 OAK STREET LAKEWOOD CO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHLSTROM, MATS 1185 OAK ST. LAKEWOOD CO <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEVY, JR. R Z 1185 OAK STREET LAKEWOOD CO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEYER, LYNN N 1185 OAK STREET LAKEWOOD CO 80215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, GARY 10811 W COLLINS AVE LAKEWOOD CO 80215 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David B. Perez 10811 W. Collins Avenue Lakewood, CO 80215-4440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D William A. Mercer 10811 W. Collins Avenue Lakewood, CO 80215-4440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Frank Corbin 10811 W. Collins Avenue Lakewood, CO 80215-4440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kevin M. Smith 10810 W., Collins Avenue Lakewood, CO 80215-4439 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/D Gary Heath 10811 W. Collins Avenue Lakewood, CO 80215-4440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn N. Meyer 04/23/2001 303.232.6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Secretary

CR2E034 (10/00)