FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am § Secretary of State DOCUMENT # P32127 1. Entity Name 05-14-2002 90352 034 ***150 00 GAMBRO BCT, INC. Principal Place of Business Mailing Address 10811 W COLLINS AVE 10810 W COLLINS AVE LAKEWOOD CO 80215 ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1155788 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE PD ☐ Delete TITLE NAME NAME PEREZ, DAVID B STREET ADDRESS STREET ADDRESS 10811 W COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80215-4440 ☐ Delete TITLE ☐ Addition TITLE VPD NAME NAME MERCER, WILLIAM A STREET ADDRESS STREET ADDRESS 10811 W COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80215-4440 ☐ Addition ☐ Delete TITLE Change TITLE V **VPD** NAME NAME CORBIN, FRANK STREET ADDRESS STREET ADDRESS 10810 W COLLINS AVE CITY-ST-ZIP CITY-ST-7IP LAKEWOOD CO 80215-4440 ☐ Change Addition TITLE XX Delete TITLE Bruce R. Winsor NAME NAME LEVY, JR. R Z. STREET ADDRESS STREET ADDRESS 1185 OAK STREET 10810 W. Collins Avenue CITY-ST-ZIP CITY-ST-ZIP Lakewood, CO 80215-4430 LAKEWOOD CO ☐ Delete TITLE K Change ☐ Addition NAME NAME Meyer, Lynn n STREET ADDRESS STREET ADDRESS 10810 W. Collins Avenue 1185 OAK STREET CITY-ST-ZIP Lakeweod, CO 80215-4439 CITY-ST-ZIP LAKEWOOD CO 80215 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME HEATH, GARY STREET ADDRESS STREET ADDRESS 10811 W COLLINS AVE CITY-ST-ZIP LAKEWOOD CO 80215 CITY-ST-ZIP 13. 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 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.

TEQUILYNDN. Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04-19-2002

Date

303-232-6800

Davtime Phone #