

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36072 (7)**  
 1. Corporation Name  
**DEKNATEL, INC.**



Principal Place of Business <b>600 AIRPORT RD                  FALL RIVER MA 02720                  US</b>	Mailing Address <b>600 AIRPORT RD                  FALL RIVER MA 02720                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1991</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>04-3132370</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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 <b>CORPORATION SERVICE COMPANY                  1201 HAYES STREET                  TALLAHASSEE FL 32301</b>				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOW, WILLIAM</b>		1.2 NAME		
STREET ADDRESS	<b>600 AIRPORT RD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FALL RIVER MA</b>		1.4 CITY-ST-ZIP	<b>See Attached</b>	
TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SVIKHART, ROBERT</b>		2.2 NAME		
STREET ADDRESS	<b>140 RIVERSIDE DR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEGON, LEWIS</b>		3.2 NAME		
STREET ADDRESS	<b>600 AIRPORT RD</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FALL RIVER MA</b>		3.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARRAR, QUINTON J</b>		4.2 NAME		
STREET ADDRESS	<b>600 AIRPORT RD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FALL RIVER MA</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)

**Attachment A**

**GENZYME SURGICAL PRODUCTS CORPORATION**

04-3132370

Effective 01/09/98

**Directors  
Name**

**Residential  
Address**

**Business  
Address**

**Name**

**Business Address**

**Residential Address**

**George J. Schulte  
331-42-8188**

**One Kendall Square  
Cambridge, MA 02139**

**6 Kenilworth Road  
Wellesley, MA 02181**

**David J. McLachlan  
031-28-1828**

**One Kendall Square  
Cambridge, MA 02139**

**51 Brentwood Street  
Chelmsford, MA 01824**

**G. Jan Van Heek  
347-80-8974**

**One Kendall Square  
Cambridge, MA 02139**

**Isaac Da Costalaan 34  
1404 BJ Bussum  
The Netherlands**

Attachment A

GENZYME SURGICAL PRODUCTS CORPORATION

04-3132370

Effective 01/09/98

**Officers**

<b>Name</b>	<b>Residential Address</b>	<b>Business Address</b>
George J. Schulte President 331-42-8188	6 Kenilworth Road Wellesley, MA 02181	One Kendall Square Cambridge, MA 02139
Earl Hall 124-32-0019 VP-WW Manufacturing Secretary	140 Lake Ridge Drive Taunton, MA 02780	600 Airport Road Fall River, MA 02720
Quinton J. Farrar 005-64-7562 VP-Technology, Q.A. & R.A.	11 Colleen Drive Lakeville, MA 02346	600 Airport Road Fall River, MA 02720
Henry Rossell 145-50-6501 VP-Sales	109 Wakefield Dr NE Atlanta Ga 30309	5175 South Royal Atlanta Dr. Tucker, GA 30084
Timothy Thomas 451-04-1393 VP/Asst. Sec'y Tucker Operations	70 Westfield Drive East Greenwich, RI 02818	600 Airport Road Fall River, MA 02720
John R. Connolly 080-44-5689 Chief Operation Officer	160 Pino Verde Lane Williamsville, NY 14221	600 Airport Road Fall River, MA 02720
Robert E. Pelletier 013-44-7306 Vice President, Operations	41 Lancashire Drive Mansfield, MA 02048	600 Airport Road Fall River, MA 02720
John B. Gilsdorf 402-62-8609 Executive VP	9625 Huntcliff Trace Atlanta, GA 30350	5175 South Royal Atlanta Tucker, GA 30084