FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021572 (1)**

1. Corporation Name

CORDIS ENDOVASCULAR SYSTEMS, INC.

Principal Place of Business	Mailing Address
14740 NW 60 AVE MIAMI LAKES FL 33014 US	P.O. BOX 025700 MIAMI FL 33102 US

3. Date Incorporated or Qualified: **03/23/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: **65-0417542** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, DANIEL G
14201 NW 60TH AVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Gonzalez, Ana Maria

82 Street Address (P.O. Box Number is Not Acceptable): 14201 N.W. 60 Avenue

83

84 City: Miami Lakes **FL** 85 Zip Code: 33014

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: Ana Maria Gonzalez 4-26-96
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	STRAUSS, ROBERT C		1.2 NAME	Hieshima, Grant B.	
STREET ADDRESS	14201 NW 60TH AVE		1.3 STREET ADDRESS	371 East Strawberry Drive	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP	Mill Valley, CA 94941	
TITLE	T	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	NOVAK, ALFRED J		2.2 NAME	Novak, Alfred J.	Title
STREET ADDRESS	14201 NW 60TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	KRANYS, RUDY J		3.2 NAME	Higashida, Randall T.	
STREET ADDRESS	14201 NW 60TH AVE		3.3 STREET ADDRESS	10 Audrey Court	
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	Tiburon, CA 94920	
TITLE	DP	☐ DELETE	4.1 TITLE	President	☐ Change ☒ Addition
NAME	GOLD, JEFFREY G		4.2 NAME	Gold, Jeffrey G.	Title
STREET ADDRESS	14201 NW 60TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	DANIEL G. HALL		5.2 NAME	Gonzalez, Ana Maria	
STREET ADDRESS	14201 NW 60 AVE		5.3 STREET ADDRESS	14201 N.W. 60 Avenue	
CITY-ST-ZIP	MIAMI LAKES FL		5.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIANE M. BARRETT		6.2 NAME	600001802046	
STREET ADDRESS	14202 NW 60 AVE		6.3 STREET ADDRESS	-04/30/96--01111--041	
CITY-ST-ZIP	MIAMI LAKES FL		6.4 CITY-ST-ZIP	***200.00	

4/30/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ana Maria Gonzalez 4-26-96 (305) 824-2035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #