2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

P930000 a1572

CORDIS ENDOVASCULAR SYSTEMS, INC.

Apr 28, 2000 8:00 am Secretary of State

				04-20-200	00 90070 0:	4) I.	
Principal Place		Mailing Address					
	N.W. 60 AVENUE LAKES, FL 33014	P.O. BOX 025 MIAMI, FL 33					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Zip	Country	Zip	Country	5. Certificate of Status Desired	1 1 7	8.75 Add	
	6. Name and Address of Curren	l t Registered Agent	1	7. Name and Address of New R	Registered Ag	ent	
			Name -				
1200 8	RPORATION SYSTEMS S PINE ISLAND RD ATION, FL 33324		Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
	·		City		FL	Zip Cod	e
8. The above n	named entity submits this statement f	for the purpose of changing	its registered office or reg	sistered agent, or both, in the State of Flo	orida.		
SIGNATURE							
Si	ignature, typed or printed name of registered agen	Astronomy of the state of the s	IOTE: Registered Agent signature re	equired when reinstating)	DATE		
9. This corpora Tax filing red (See criteria	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NO. After MAY 1, Make Check Pay	Will FEE IS \$150.00 2000 Fee will be \$550. rable to Department of	00 State	nancing n.	Added	0 May Be I to Fees
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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.