

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90299 008 ***158.75

DOCUMENT # 223417 ✓

1. Entity Name

CORDIS CORPORATION

Principal Place of Business

Mailing Address

14201 N.W. 60 AVENUE
P.O. BOX 025700
MIAMI LAKES, FL 3301414201 N.W. 60 AVENUE
P.O. BOX 025700
MIAMI LAKES, FL 33014

00029793

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0870525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	PENN, JESSE	14201 NW 60 AVENUE	MIAMI LAKES, FL 33014				
	TDVP						
	FOWLER, THOMAS	14201 NW 60 AVENUE	MIAMI LAKES, FL 33014				
	AT						
	REICHERT, FREDERICK	ONE JOHNSON & JOHNSON PLAZA	NEW BRUNSWICK, NJ 08933				
	DS						
	VAN ITALLIE, TAYSEN	ONE JOHNSON & JOHNSON PLAZA	NEW BRUNSWICK, NJ 08933				
	AS						
	HILTON, JAMES	ONE JOHNSON & JOHNSON PLAZA	NEW BRUNSWICK, NJ 08933				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. FOWLER

2.20.01

305-824-2000

Date

Daytime Phone #

CR2E034 (11/00)