2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 223417

1. Entity Name
CORDIS CORPORATION

Principal Place of Business	Mailing Address
14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014	14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0870525
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2006 Fee will be $550.00

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

000004486451
03/23/06-80008-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PRATT, J L
STREET ADDRESS	14201 NW 60TH AVE
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	DM
NAME	LEBEAU, G J
STREET ADDRESS	14201 NW 60TH AVE.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	AT
NAME	REICHERT, FREDERICK
STREET ADDRESS	ONE JOHNSON & JOHNSON
CITY-ST-ZIP	NEW BRUNSWICK, NJ
TITLE	DVPS
NAME	ROTH, E
STREET ADDRESS	JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08933
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Pratt JOSEPH L. PRATT 2/15/06 786-313-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #