

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000407

**Entity Name:** GAMBRO RENAL PRODUCTS, INC.

**Current Principal Place of Business:**

14143 DENVER WEST PARKWAY  
SUITE 400  
LAKEWOOD, CO 80401

**Current Mailing Address:**

ONE BAXTER PARKWAY  
DEERFIELD, IL 60015 US

**FEI Number:** 84-1155786

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, DIRECTOR  
Name SCHAAF, JILL M  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title S, DIRECTOR  
Name SCHARF, DAVID P  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title D  
Name ROBERT, HOMBACH J  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title TREASURER  
Name YOUNG, TODD  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title ASST. TREASURER  
Name RICHTER, NORMAN  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAN RICHTER

**ASST. TREASURER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date