

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004113

Entity Name: BARD PERIPHERAL VASCULAR, INC.**Current Principal Place of Business:**1415 WEST THIRD STREET
SUITE 109
TEMPE, AZ 85281**Current Mailing Address:**1415 WEST THIRD STREET
SUITE 109
TEMPE, AZ 85281 US**FEI Number:** 86-0290297**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	PRESIDENT
Name	WILLIAMSON, STEVEN S.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

Title	VP, SECRETARY, DIRECTOR
Name	HOLLOWAY, JEAN F.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

Title	VP, TREASURER
Name	LOWRY, SCOTT T.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

Title	DIRECTOR
Name	BEASLEY, JIM C.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

Title	DIRECTOR
Name	HOLLAND, CHRISTOPHER S.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

Title	DIRECTOR
Name	WEILAND, JOHN H.
Address	1415 WEST THIRD STREET SUITE 109
City-State-Zip:	TEMPE AZ 85281

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: JEAN F. HOLLOWAY**SECRETARY****04/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date