

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

1. Entity Name

836105

Coulter Corporation

Principal Place of Business

P.O. Box 169015 M/C 32-B05

Miami, FL

Mailing Address

4300 N. Harbor Boulevard

Fullerton, CA 92835

2. Principal Place of Business

P.O. Box 169015 M/C 32-B05

3. Mailing Address

P.O. Box 169015 M/C 32-B05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33116-9015

Country

USA

Zip

33116-9015

Country

USA

4. FEI Number

59-1635784

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**

NRAI Services
526 E. Park Avenue
Tallahassee, FL 32301

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 State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	VSD	☐ Delete
NAME	May, William H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☐ Delete
NAME	Vivanco, Edgar	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	☐ Delete
NAME	Glover, James T.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	☐ Delete
NAME	Mazurek, Frederick H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	☐ Delete
NAME	Coonan, Richard	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	☐ Delete
NAME	Palacino, Richard A.	
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4300 N. Harbor Boulevard	
CITY-ST-ZIP	Fullerton, CA 92835	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4300 N. Harbor Boulevard	
CITY-ST-ZIP	Fullerton, CA 92835	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4300 N. Harbor Boulevard	
CITY-ST-ZIP	Fullerton, CA 92835	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4300 N. Harbor Boulevard	
CITY-ST-ZIP	Fullerton, CA 92835	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	11800 S.W. 147th Avenue	
CITY-ST-ZIP	Miami, FL 33196-2500	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	11800 S.W. 147th Avenue	
CITY-ST-ZIP	Miami, FL 33196-2500	

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:


William H. May, Vice President

August 6, 2001

714-871-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 AUG -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)