2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 852543 1. Entity Name ANSSIL HEALTHLARE PROBLER, INC. FILED AUG -2 AM 8: 30 Principal Place of Business 200 SOHULZ KAIVE SECRETARY OF STATE TALLAHASSEE FLORIDA P.O. Bx 1252 RED BADIT, N.S. INSUSTRIAL ROAD 2. Principal Place of Business 13 3. Mailing Address _Suite, Apt..#, etc...-__ Suite, Apt. #, etc. ----DO NOT WRITE IN-THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT COMPORITION CHETEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE LEADS ROAD · PLANTATION, FLORISA 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete NAME NAME SIHULZ BRING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BADH. NJ OTTGI ☐ Change ☐ Delete TITLE NAME NAME 500003361725---08/18/00--01020--020 SEHULZ BRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP X BAUK. N.S OTTOI CITY-ST-ZIP TITLE. TITLE NONNENMALHER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chanoe TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE ARY HOFFMAN NAME NAME SCHULZ BRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPE FOR

RINTED NAME

Ansell



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July 18, 2000

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Federal Identification Number 36-3152638

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report for Ansell Healthcare Products, Inc. along with check number 196072, dated July 20th, 2000, in the amount of \$150.00. We had repeatedly called the Florida Department of State for a copy of this form so that we could timely comply with the law and file and pay the appropriate fee. Unfortunately, after several phone calls, we just recently received blank copies of the 2000 Uniform Business Report. Upon receipt, we completed the form obtaining signature and requesting a check to be processed. It is under these circumstances that we respectfully request abatement of late filing penalties in the amount of \$550.00.

In the future, please mail this form to my attention at the address below prior to April 1st. Thank you for your consideration. I can be reached at 609-259-1716 if you have any questions.

Sincerely,

Diane Forestano Tax Analyst

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Enclosures

DF00-28 7-18-00