

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853936** (3)

1. Corporation Name

SHERWOOD MEDICAL COMPANY



Principal Place of Business

Mailing Address

**1831 OLIVE ST.
ST. LOUIS MO 63103**

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ST. LOUIS MO 63103**

3. Date Incorporated or Qualified
08/30/1982

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
13-3106295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **MARTIN, HERBERT C.**
CITY-ST-ZIP **1915 OLIVE ST
ST. LOUIS MO**

1.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **Considine, John R.**
1.3 STREET ADDRESS **FIVE GIRALDA FARMS**
1.4 CITY-ST-ZIP **MADISON, New Jersey**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CEKORIC, THOMAS**
CITY-ST-ZIP **200 EXPRESS ST.
PLAINVIEW NY**

2.1 TITLE **Treasurer** ☒ Change ☐ Addition
2.2 NAME **Rohman, Kenneth W.**
2.3 STREET ADDRESS **1915 OLIVE STREET**
2.4 CITY-ST-ZIP **ST. LOUIS, Missouri**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LOW, D. A.**
CITY-ST-ZIP **1915 OLIVE ST
ST. LOUIS MO**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **EMERLING, C. G.**
CITY-ST-ZIP **FIVE GIRALDO FARMS
MADISON NJ**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **POLITOWSKI, ALAN J.**
CITY-ST-ZIP **1915 OLIVE ST
ST. LOUIS MO**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **NEE, THOMAS M.**
CITY-ST-ZIP **FIVE GIRALDA FARMS
MADISON NJ**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. M. NEE

VICE PRESIDENT

Date

4/24/96

Daytime Phone #

CR2E034 (12/95)