SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **855589** **(8)**

1. Corporation Name

BEAR MEDICAL SYSTEMS, INC.

Principal Place of Business
2085 RUSTIN AVENUE
RIVERSIDE CA 92507

Mailing Address
2085 RUSTIN AVENUE
RIVERSIDE CA 92507

3. Date Incorporated or Qualified: **02/18/1983**
3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **95-3583558** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required after filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	LARUSSO, DAVID V.	
STREET ADDRESS	1720 SUBLETTE AVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	☐ DELETE
NAME	KUNTZ, RICHARD P.	
STREET ADDRESS	1720 SUBLETTE AVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VDAS	☐ DELETE
NAME	MACNEE, JAMES M.	
STREET ADDRESS	2085 RUSTIN AVE	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	VSTD	☒ DELETE
NAME	BECK-SMITH, DONNA	
STREET ADDRESS	1720 SUBLETTE AVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	☐ DELETE
NAME	COE, ALAN	
STREET ADDRESS	1720 SUBLETTE AVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	☐ DELETE
NAME	KOHN, GABE	
STREET ADDRESS	1720 SUBLETTE AVE	
CITY-ST-ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	James Janning	
1.3 STREET ADDRESS	1720 Sublette Ave.	
1.4 CITY-ST-ZIP	St. Louis, MO	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	Barry Baker	
4.3 STREET ADDRESS	1720 Sublette Ave.	
4.4 CITY-ST-ZIP	St. Louis, MO	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. MacNee — 7/29/96 — 909-351-4802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James M. MacNee

CR2E034 (3/96)