

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90256 047 ***150.00

065773 AT

DOCUMENT # F01000005715

1. Entity Name
INTRALASE CORP.



Principal Place of Business
3 MORGAN
IRVINE CA 92618

Mailing Address
3 MORGAN
IRVINE CA 92618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-3380954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, RANDY	
STREET ADDRESS	3 MORGAN	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINK, WILLIAM	
STREET ADDRESS	450 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEUCHTER, BRUCE	
STREET ADDRESS	660 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	VT	<input type="checkbox"/> Delete
NAME	THUNEN, SHELLEY	
STREET ADDRESS	3 MORGAN	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	C	<input type="checkbox"/> Delete
NAME	PORTER, TOM	
STREET ADDRESS	425 NORTH MAIN STREET	
CITY-ST-ZIP	ANN ARBOR MI 48104	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLIMAN, GIL	
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 3, STE. 255	
CITY-ST-ZIP	MENLOW PARK CA 94025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT PALMISANO	
STREET ADDRESS	3 MORGAN	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(949) 859-5230

CR2E034 (10/02)