

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006037

1. Entity Name
SMITHS MEDICAL ASD, INC.



Principal Place of Business
**10 BOWMAN DRIVE
KEENE, NH 03431**

Mailing Address
**10 BOWMAN DRIVE
KEENE, NH 03431**

DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-3974847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUTCHISON, CHRIS
10 BOWMAN DR
KEENE, NH 03431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EAGLE, RICHARD J
10 BOWMAN DR.
KEENE, NH 03431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KINET, LAWRENCE N.H.
765 FINCHLEY ROAD
LONDON NW11 8DS, UK,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOXEN, EDWARD J
10 BOWMAN DRIVE
KEENE, NH 03431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WESTRA, THOMAS
10 BOWMAN DRIVE
KEENE, NH 03431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/28/05-80042-006 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

603-352-3812

Daytime Phone #