

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006037

FILED
Jan 26, 2009
Secretary of State

Entity Name: SMITHS MEDICAL ASD, INC.

Current Principal Place of Business:

160 WEYMOUTH STREET
ROCKLAND, MA 02370

New Principal Place of Business:

Current Mailing Address:

160 WEYMOUTH STREET
ROCKLAND, MA 02370

New Mailing Address:

FEI Number: 95-3974847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MORRIS-HOPKINS, STUART
Address: 160 WEYMOUTH STREET
City-St-Zip: ROCKLAND, MA 02370

Title: S () Delete
Name: JONES, ADAM S
Address: 1265 GREY FOX ROAD
City-St-Zip: ST. PAUL, NH 55112

Title: T () Delete
Name: ORME, WALTER E
Address: 101 LINDENWOOD DRIVE
City-St-Zip: MALVERN, PA

Title: D () Delete
Name: SESHADRI, SRINI
Address: 765 FINCHLEY ROAD
City-St-Zip: LONDON, ENGLAND NW11 8DS,

Title: D (X) Delete
Name: WHITE, ROBERT
Address: 160 WEYMOUTH STREET
City-St-Zip: ROCKLAND, MN 02370

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DAVIES, RUSS
Address: 1265 GREY FOX ROAD
City-St-Zip: ST. PAUL, NH 55112

Title: T/D (X) Change () Addition
Name: WHITE, ROBERT
Address: 1265 GREY FOX ROAD
City-St-Zip: ST. PAUL, MN 55112

Title: D (X) Change () Addition
Name: SESHADRI, SRINI
Address: 1265 GREY FOX ROAD
City-St-Zip: ST. PAUL, MN 55112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSS DAVIES

SEC

01/26/2009

Electronic Signature of Signing Officer or Director

Date