2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# F04000000630

Entity Name: COOK MEDICAL INCORPORATED

Current Principal Place of Business:

1025 WEST ACUFF ROAD
BLOOMINGTON, IN 47403

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1608
BLOOMINGTON, IN 47402

New Mailing Address:

FEI Number: 20-0323047 **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: PD ( ) Delete
Name: HAWKINS, M. KEM
Address: 750 NORTH DANIELS WAY
City-St-Zip: BLOOMINGTON, IN 47404

Title: VPO ( ) Delete
Name: REED, DAVID J
Address: 750 NORTH DANIELS WAY
City-St-Zip: BLOOMINGTON, IN 47404

Title: CFOD ( ) Delete
Name: KAMSTRA, JOHN R
Address: 750 NORTH DANIELS WAY
City-St-Zip: BLOOMINGTON, IN 47404

Title: S ( ) Delete
Name: SANTA, ROBERT L
Address: 750 NORTH DANIELS WAY
City-St-Zip: BLOOMINGTON, IN 47404

Title: D ( ) Delete
Name: EELLS, SCOTT E
Address: 750 NORTH DANIELS WAY
City-St-Zip: BLOOMINGTON, IN 47404

Title: D ( ) Delete
Name: FRANZ, CHARLES W
Address: 1100 WEST MORGAN ST
City-St-Zip: SPENCER, IN 47460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN R KAMSTRA CFOD 02/26/2008

Electronic Signature of Signing Officer or Director Date