

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005799 (2)

1. Corporation Name

ACUFEX MICROSURGICAL, INC.

Principal Place of Business

**130 FORBES BLVD.
MANSFIELD MA 02048
US**

Mailing Address

**ONE CYANAMID PLAZA
WAYNE NJ 07470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1993

3a. Date of Last Report

07/07/1994

4. FEI Number

04-2700313

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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 607.0602 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

(Applicant, officer, director, registered agent, or other authorized person)

(If the registered agent is a corporation, the signature of the president or other officer authorized to execute this statement is required)

(Date)

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP
COB ATLEE, F.V.	ONE CYANAMID PLAZA WAYNE NJ 07470-8428	
PD STITT, J. R.	130 FORBES BLVD. MANSFIELD MA	
V CLIFFORD, J.F.	ONE CYANAMID PLAZA WAYNE NJ 07470-8428	
V ELLBERGER, L.	ONE CYANAMID PLAZA WAYNE NJ 07470-8428	
T MARTIN, T. D.	ONE CYANAMID PLAZA WAYNE NJ	
VM STITT, J.R.	130 FORBES BLVD. MANSFIELD MA 02048	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
P Stitt, J.R.	130 Forbers Blvd. Mansfield, MA 02048		☒	☐
V Nee, T. M.	Five Giralda Farms Madison, NJ 07940		☒	☐
AT Samuel, C. M.	One Cyanamid Plaza Wayne, NJ 07470		☒	☐
C Emerling, C. G.	Five Giralda Farms Madison, NJ 07940		☒	☐
D Stafford, J. R.	Five Giralda Farms Madison, NJ 07940		☒	☐
D Blount, R. G.	Five Giralda Farms Madison, NJ 07940		☒	☐

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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles M. Samuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel
Asst. Treasurer

4/2/95

(201)831-2000

(Signature Line)

E93-5799

ACUFEX MICROSURGICAL, INC

(MASSACHUSETTS)

OFFICERS:

President	Stitt, J. R.	Five Giralda Farms Madison, New Jersey 07940
Vice President	Lilley, D.	Five Giralda Farms Madison, New Jersey 07940
Vice President	Nee, T. M.	Five Giralda Farms Madison, New Jersey 07940
Clerk	Emerling, C. G.	Five Giralda Farms Madison, New Jersey 07940
Treasurer	Parker, R. E.	Five Giralda Farms Madison, New Jersey 07940
Controller	Hansen, W.	Five Giralda Farms Madison, New Jersey 07940
Asst. Treasurer	Samuel, C. M.	One Cyanamid Plaza Wayne, New Jersey 07470
Asst. Clerk	Berg, E. E.	Five Giralda Farms Madison, New Jersey 07940
Asst. Clerk	Kelly, W. P.	Five Giralda Farms Madison, New Jersey 07940

ACUFEX MICROSURGICAL, INC

(MASSACHUSETTS)

DIRECTORS:

Stafford, John R.	Five Giralda Farms, Madison, New Jersey 07940
Blount, Robert G.	Five Giralda Farms, Madison, New Jersey 07940
Lilley, David	Five Giralda Farms, Madison, New Jersey 07940