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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002125 (2)

1. Corporation Name
OHMEDA MEDICAL DEVICES DIVISION INC.

Principal Place of Business
1800 WILLIAMS DRIVE
OXNARD CA 93030

Mailing Address
575 MOUNTAIN AVENUE
MURRAY HILL NJ 07874-2087



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1994		3a. Date of Last Report 04/23/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 33-0194824		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T 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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 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 _____
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, JOSEPH W	1.2 NAME	
STREET ADDRESS	110 ALLEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY CORNER N.	1.4 CITY-ST-ZIP	LIBERTY CORNER NJ
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNES, CHARLES A	2.2 NAME	
STREET ADDRESS	34 GRAMERCY PARK EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLL, ROGER G	3.2 NAME	
STREET ADDRESS	106 CLEARVIEW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYMANSKI, ROBERT	4.2 NAME	
STREET ADDRESS	18 SUSAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATHAM TWP NJ 07928	4.4 CITY-ST-ZIP	CHATHAM TWP NJ 07928
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, JAMES A	5.2 NAME	
STREET ADDRESS	10 ACADEMY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINISTER NJ 07821	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROBERT P	6.2 NAME	
STREET ADDRESS	7 MOUNTVIEW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	6.4 CITY-ST-ZIP	

14. I do 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 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: J. A. Boyce

J. A. Boyce Assistant Treasurer 1/24/97 908-665-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

OHMEDA MEDICAL DEVICES DIVISION INC.
(a Delaware Corporation)

575 Mountain Avenue
Murray Hill, NJ 07974

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS*</u>
Joseph W. Pepper	President	25 Hillcrest Avenue Summit, NJ 07901 115-26-7064
Roger G. Stoll	Vice President	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	Vice President and Secretary	34 Gramercy Park East New York, NY 10003 100-32-0009
John C. Hertig	Vice President	160 Jockey Hollow Road Bernardsville, NJ 07924 195-44-1593
C. Barry Kydd	Vice President, Finance	Two Summer Lane Califon, NJ 07830 158-88-8407
Rene Medori	Vice President	P.O. Box 435 New Vernon, NJ 07976 158-88-4777
Robert A. Symanski	Treasurer	16 Susan Drive Chatham, NJ 07928 070-36-4250
James A. Boyce	Assistant Treasurer	10 Academy Court Bedminster, NJ 07921 017-34-2531

OHMEDA MEDICAL DEVICES DIVISION INC.
(a Delaware Corporation)

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS*</u>
Robert P. Stevens	Assistant Treasurer	7 Mountview Road Morris Plains, NJ 07950 268-38-3141
James P. Blake	Assistant Secretary	5 Cambridge Court Randolph, NJ 07869 271-48-1482
Richard A. Rocchini	Assistant Secretary	RD1-Box 751, Backhus Rd Glen Gardner, NJ 08826 153-52-3535
Paul E. Stolzer	Assistant Secretary	6 Ryan Way Bridgewater, NJ 08807 076-40-5023

DIRECTORS

<u>NAME</u>	<u>HOME ADDRESS*</u>
Roger G. Stoll	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	34 Gramercy Park East New York, NY 10003 100-32-0009
Rene Medori	P.O. Box 435 New Vernon, NJ 07976 158-88-4777
Debajyoti Chatterji	20 Branko Road Berkeley Heights, NJ 07922 315-56-0480