### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # 1. Corporation Name F94000002125 (2)

OHMEDA MEDICAL DEVICES DIVISION INC.

25

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

Frincipal Flace of business	
1900 WILLIAMS DRIVE	
OXNARD CA 83030	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

SIGNATURE:

Ζip

Mailing Address

2a. Mailing Address

City & State

Bayce

Zip

Suite, Apt. #, etc.

26

27

29

9. Name and Address of Current Registered Agent

575 MOUNTAIN AVENUE MURRAY HILL NJ 07974

## **FILED** Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\bigcap \) No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 04/25/1994

33-0194824

6. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

J.A.Boyce, Asst Treas 4/1/98 908-665-2400

Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

PLANTATION FL 33324					, , ,		
			63	_			
			B4	City	[85	Zip (	`ode
			اتا	Oity	FL !°°	'  -"	Joue
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of FI m familiar with, and accept the obligations	f 607.1508, Florida Statutes orida. Such change was au s of, Section 607.0505, Flor	s, the above thorized by ida Statutes	the corp	d corporation submits this statement for the purpose of char poration's board of directors. I hereby accept the appointm	nging its nent as	registered registered
SIGNATURE	Signature, typed or profed name of registered agent and	title if applicable (NOTE:	Registered Age	nt signature	e required when reinstating) DATE		
12.	OFFICERS AND DIE	RECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOR	S IN 12
TITLE	Ρ	DELETE	1.1 TITLE			Change	Addition
NAME	PEPPER, JOSEPH W		1.2 NAME		İ		
STREET ADDRESS	110 ALLEN ROAD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	LIBERTY CORNER NJ		1.4 CITY-S	T- ZIP	İ		Ĭ
TITLE	VS	DELETE	2.1 TITLE			Change	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 - S	T- ZIP			
TITLE	VP	DELETE	3.1 TITLE			Change	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- S	T - ZIP	<u> </u>		
TITLE	TREA	<b>X</b> DELETE	4.1 TITLE			Change	Addition
NAME	Symanski, robert		4. 2 NAME				
STREET ADDRESS	16 SUSAN DRIVE		4.3 STREET	ADDRESS	ļ		
CITY - ST - ZIP	CHATHAM TWP NJ		4.4 CITY - S	T-ZIP	1		
TITLE	AT	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	BOYCE, JAMES A		5.2 NAME				į
STREET ADDRESS	10 ACADEMY COURT		5.3 STREET	ADDRESS			
CITY-ST-ZIP	BEDMINISTER NJ 07921		54 CITY-S	T-ZIP			
TITLE	AT	☐ DELETE	6 1 TITLE		Treasurer	Change	Addition
NAME	stevens, robert p		6.2 NAME		1		
STREET ADDRESS	7 MOUNTVIEW ROAD		6.3 STREET	ADDRESS			
CITY-ST-ZIP	MORRIS PLAINS NJ		6.4 CITY - S	[- <b>Z</b> ∤P			
14. 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 annual report or supplemental annual report is frue 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 conjector or the receiver or frustee 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.							

Country

Name

30

# OHMEDA MEDICAL DEVICES DIVISION INC. (a Delaware Corporation)

#### 575 Mountain Avenue Murray Hill, NJ 07974

### **OFFICERS**

NAME	TITLE	HOME ADDRESS*
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 P. Stevens	Treasurer	7 Mountview Road Morris Plains, NJ 07950 268-38-3141
James A. Boyce	Assistant Treasurer	44 W. 62 <sup>nd</sup> St New York, NY 10023 017-34-2531

# OHMEDA MEDICAL DEVICES DIVISION INC. (a Delaware Corporation)

#### **OFFICERS**

OFFICERS							
NAME	TITLE	HOME ADDRESS*					
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					
	<b>DIRECTORS</b>						
NAME		HOME ADDRESS*					
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					

March 1998

Debajyoti Chatterji

158-88-4777

315-56-0480

20 Branko Road

Berkeley Heights, NJ 07922