

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90106 025 \*\*\*150.00

DOCUMENT # F94000002125

1. Corporation Name

OHMEDA MEDICAL DEVICES DIVISION INC.

Principal Place of Business

1900 WILLIAMS DRIVE  
OXNARD CA 93030

Mailing Address

575 MOUNTAIN AVENUE  
MURRAY HILL NJ 07974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

33-0194824

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ 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

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME PEPPER, JOSEPH W  
STREET ADDRESS 110 ALLEN ROAD  
CITY-ST-ZIP LIBERTY CORNER NJ

TITLE VS ☐ DELETE  
NAME BONNES, CHARLES A  
STREET ADDRESS 34 GRAMERCY PARK EAST  
CITY-ST-ZIP NEW YORK NY 10003

TITLE VP ☒ DELETE  
NAME STOLL, ROGER G  
STREET ADDRESS 106 CLEARVIEW LANE  
CITY-ST-ZIP NEW CANAAN CT

TITLE AT ☐ DELETE  
NAME BOYCE, JAMES A  
STREET ADDRESS 10 ACADEMY COURT  
CITY-ST-ZIP BEDMINISTER NJ 07921

TITLE T ☐ DELETE  
NAME STEVENS, ROBERT P  
STREET ADDRESS 7 MOUNTVIEW ROAD  
CITY-ST-ZIP MORRIS PLAINS NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME James P. Blake  
2.3 STREET ADDRESS 5 Cambridge Court  
2.4 CITY-ST-ZIP Randolph, nj 07869

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 44 W. 62nd St.  
4.4 CITY-ST-ZIP New York, NY 10023

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
J.A. Boyce.

4/21/99

Date

908-665-2400

Daytime Phone #

CR2E034 (11/98)