

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 009 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000002125

1. Entity Name

OHMEDA MEDICAL DEVICES DIVISION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
575 MOUNTAIN AVENUE

Suite, Apt. #, etc.

3. Mailing Address
575 MOUNTAIN AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MURRAY HILL NJ

City & State
MURRAY HILL NJ

4. FEI Number
33-0194824

Applied For
Not Applicable

Zip
07974

Country

Zip
07974

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT/SECRETARY
JAMES P. BLAKE
5 CAMBRIDGE COURT
RANDOLPH, NJ 07869

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASSISTANT TREASURER
JAMES A. BOYCE
44 W 62ND STREET
NEW YORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
DAVID L. BROOKS
1 RAMBLING DRIVE
SCOTCH PLAINS, NJ 07076

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Boyce

J.A. BOYCE

04/29/02 908-665-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #