

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 007 ***150.00

| | | | | | |
|---|-------------------------|-------------------------|--|---|--------------------------|
| 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. | | |
| City & State MURRAY HILL NJ | | | City & State MURRAY HILL NJ | | |
| Zip 07974 | | Country U. S. | | 4. FEI Number 13-1600079 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 S. PINE ISLAND ROAD | | | | | |
| City PLANTATION | | | | | |
| State 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | V/S/D | TITLE | | | |
| NAME | JAMES P. BLAKE | NAME | | | |
| STREET ADDRESS | 5 CAMBRIDGE COURT | STREET ADDRESS | | | |
| CITY - ST - ZIP | RANDOLPH, NJ 07869 | CITY - ST - ZIP | | | |
| TITLE | T | TITLE | | | |
| NAME | DAVID L. BROOKS | NAME | | | |
| STREET ADDRESS | 1 RAMBLING DRIVE | STREET ADDRESS | | | |
| CITY - ST - ZIP | SCOTCH PLAINS, NJ 07076 | CITY - ST - ZIP | | | |
| TITLE | AT | TITLE | | | |
| NAME | JAMES A. BOYCE | NAME | | | |
| STREET ADDRESS | 44 W 62ND STREET | STREET ADDRESS | | | |
| CITY - ST - ZIP | NEW YORK, NY 10023 | CITY - ST - ZIP | | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 12. 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 10 or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>JAMES A. BOYCE</u> JAMES A. BOYCE | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 04/21/03 908-665-2400 | |
| | | | | <small>Date Daytime Phone #</small> | |

CR2E034B (12/02)

PricewaterhouseCoopers LLP
400 Campus Drive
P.O. Box 988
Florham Park NJ 07932
Telephone (973) 236 4000
Facsimile (973) 236 5000

April 21, 2003


Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Company: Ohmeda Medical Devices Division Inc.
Tax Type: Annual Report
Tax Year: 2003
Enclosed: \$150.00

To Whom It May Concern:

Enclosed please find the above referenced tax return for the tax period indicated. Kindly credit the filing of this report to the taxpayer's account.

Sincerely,


Leroy Lewis, Jr.
BCS Tax Manager
Tax

LL/glw
Enclosures - as stated