SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:01

DOCUMENT # **F94000006071 (4)**

1. Corporation Name
CIRCON CORPORATION OF DELAWARE

Principal Place of Business	Mailing Address
460 WARD DR SANTA BARBARA CA 93111	460 WARD DR SANTA BARBARA CA 93111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6500 Hollister Avenue	26 6500 Hollister Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Santa Barbara, CA	28 City & State: Santa Barbara, CA
24 Zip: 93117 / 25 Country	29 Zip: 93117 / 30 Country

4. FEI Number: 95-3079904 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	☒ Change ☐ Addition	
NAME	AUHLL, RICHARD A	12 NAME	Auhll	
STREET ADDRESS	460 WARD DR	13 STREET ADDRESS	6500 Hollister Avenue	
CITY ST ZIP	SANTA BARBARA CA 93111	14 CITY ST ZIP	Santa Barbara, CA 93117	
TITLE	D	21 TITLE	☐ Change ☒ Addition	
NAME	BLOKKER, JOHN	22 NAME	D Schulte, Rudolf	
STREET ADDRESS	450 WHISKEY HILL RD	23 STREET ADDRESS	2927 De la Vina Street, Suite C	
CITY ST ZIP	WOODSIDE CA 94026	24 CITY ST ZIP	Santa Barbara, CA 93105	
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	FRANK, HAROLD	32 NAME		
STREET ADDRESS	6054 LA GOLETA RD	33 STREET ADDRESS		
CITY ST ZIP	GOLETA CA 93117	34 CITY ST ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	HARTLOFF, PAUL JR	42 NAME		
STREET ADDRESS	558 VIA TRANQUILLA	43 STREET ADDRESS		
CITY ST ZIP	SANTA BARBARA CA 93110	44 CITY ST ZIP		
TITLE	V	51 TITLE	☒ Change ☐ Addition	
NAME	THOMPSON, R. BRUCE	52 NAME	Thompson	
STREET ADDRESS	460 WARD DR	53 STREET ADDRESS	6500 Hollister Avenue	
CITY ST ZIP	SANTA BARBARA CA 93111	54 CITY ST ZIP	Santa Barbara, CA 93117	
TITLE	S	61 TITLE	☒ Change ☐ Addition	
NAME	MEANEY, DANIEL J JR	62 NAME	Meaney	
STREET ADDRESS	460 WARD DR	63 STREET ADDRESS	6500 Hollister Avenue	
CITY ST ZIP	SANTA BARBARA CA 93111	64 CITY ST ZIP	Santa Barbara, CA 93117	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ R. Bruce Thompson June 12, 1995 (805)685-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103500 FN