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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000006071 (4)**

1. Corporation Name

CIRCON CORPORATION OF DELAWARE

Principal Place of Business	Mailing Address
6500 HOLLISTER AVE SANTA BARBARA CA 93117 US	6500 HOLLISTER AVE SANTA BARBARA CA 93117 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report: **06/20/1995**
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if agent is a corporation — NOTE: Registered Agent's signature required for initial designation

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP AUHLL, RICHARD A 6500 HOLLISTE AVE SANTA BARBARA CA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOKKER, JOHN 450 WHISKEY HILL RD WOODSIDE CA 94026	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, HAROLD 6054 LA GOLETA RD GOLETA CA 93117	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTLOFF, PAUL JR 558 VIA TRANQUILLA SANTA BARBARA CA 93110	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMPSON, R. BRUCE 6500 HOLLISTER AVE SANTA BARBARA CA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEANEY, DANIEL J JR 6500 HOLLISTER AVE SANTA BARBARA CA	☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D SCHULTE, RUDOLF R 2927 DE LA VINA ST, STE C SANTA BARBARA CA 93105	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S SIMONS, ANDREW D 6500 Hollister Ave Santa Barbara CA 93117	☐ Change ☒ Addition

CR2E034 (12/95)

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 4/24/96 (805)685-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #