
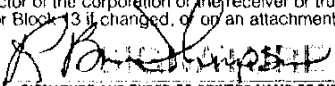


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 6500 HOLLISTER AVE SANTA BARBARA CA 93117 US			Mailing Address 6500 HOLLISTER AVE SANTA BARBARA CA 93117-3019 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 95-3078904	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME CP AUHL, RICHARD A					
1.3 STREET ADDRESS 6500 HOLLISTER AVE					
1.4 CITY-ST-ZIP SANTA BARBARA CA					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME D BLOKKER, JOHN					
2.3 STREET ADDRESS 450 WHISKEY HILL RD					
2.4 CITY-ST-ZIP WOODSIDE CA 94026					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME D FRANK, HAROLD					
3.3 STREET ADDRESS 6054 LA GOLETA RD					
3.4 CITY-ST-ZIP GOLETA CA 93117					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME D HARTLOFF, PAUL JR					
4.3 STREET ADDRESS 558 VIA TRANQUILLA					
4.4 CITY-ST-ZIP SANTA BARBARA CA 93110					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME V THOMPSON, R. BRUCE					
5.3 STREET ADDRESS 6500 HOLLISTER AVE					
5.4 CITY-ST-ZIP SANTA BARBARA CA					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME S SIMONS, ANDREW D.					
6.3 STREET ADDRESS 6500 HOLLISTER AVE					
6.4 CITY-ST-ZIP SANTA BARBARA CA					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME D SCHULTE, RUDOLF R					
1.3 STREET ADDRESS 2927 DE LA VINA ST., STE C					
1.4 CITY-ST-ZIP SANTA BARBARA CA 93105					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
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5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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.					
SIGNATURE:  BRUCE THOMPSON (805)685-5100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)