

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE **CP** ☐ DELETE
NAME **AUHLL, RICHARD A**
STREET ADDRESS **6500 HOLLISTER AVE**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE **D** ☐ DELETE
NAME **BLOKKER, JOHN**
STREET ADDRESS **450 WHISKEY HILL RD**
CITY-ST-ZIP **WOODSIDE CA 94026**

TITLE **D** ☐ DELETE
NAME **FRANK, HAROLD**
STREET ADDRESS **6054 LA GOLETA RD**
CITY-ST-ZIP **GOLETA CA 93117**

TITLE **D** ☒ DELETE
NAME **HARTLOFF, PAUL JR**
STREET ADDRESS **558 VIA TRANQUILLA**
CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE **V** ☐ DELETE
NAME **THOMPSON, R. BRUCE**
STREET ADDRESS **6500 HOLLISTER AVE**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE **S** ☐ DELETE
NAME **SIMONS, ANDREW D.**
STREET ADDRESS **6500 HOLLISTER AVE**
CITY-ST-ZIP **SANTA BARBARA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **CLOUTIER, GEORGE A.**
4.4 CITY-ST-ZIP **221 MT AUBURN ST**
CAMBRIDGE MA 02138

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D/V**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **V/S**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

R. Bruce Thompson

3/13/98

(905) 695-5100

CR2E034 (10/97)