

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006071

1. Entity Name

CIRCON CORPORATION OF DELAWARE

Principal Place of Business

Mailing Address

6500 Hollister Ave.
Santa Barbara CA 93117
US

~~3017-3011~~ Same

B0015065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3079904

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Delete
NAME ~~AHILL, 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 ~~CLOUTIER, GEORGE A~~
STREET ADDRESS 221 MT AUBURN ST
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE DV ☒ Delete
NAME ~~THOMPSON, R. BRUCE~~
STREET ADDRESS 6500 HOLLISTER AVE
CITY-ST-ZIP SANTA BARBARA CA

TITLE VS ☒ Delete
NAME ~~SIMONS, ANDREW D.~~
STREET ADDRESS 6500 HOLLISTER AVE
CITY-ST-ZIP SANTA BARBARA CA

TITLE PCD ☐ Change ☒ Add
NAME Kenneth Davidson
STREET ADDRESS 6500 Hollister Ave.
CITY-ST-ZIP Santa Barbara, CA 93117

TITLE VS ☐ Change ☒ Add
NAME Peter M. Graham
STREET ADDRESS 6500 Hollister Ave.
CITY-ST-ZIP Santa Barbara, CA 93117

TITLE D ☐ Change ☒ Add
NAME Ernest J. Henley
STREET ADDRESS 6500 Hollister Ave.
CITY-ST-ZIP Santa Barbara, CA 93117

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

(727) 561-2100

Daytime Phone #