2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90067 036 ***158.75

B00015065

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000006071

1. Entity Name

CIRCON CORPORATION OF DELAWARE

Principal Place of Business: 6500 Hollister Ave. Santa Barbara CA 93117 US

Mailing Address: ~~93117 3011~~ Same

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 95-3079904 — Applied For — Not Applied

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	TITLE	PCD ☐ Change ☒
NAME	~~AUHLL, RICHARD A~~	NAME	Kenneth Davidson
STREET ADDRESS	6500 HOLLISTE AVE	STREET ADDRESS	6500 Hollister Ave.
CITY-ST-ZIP	SANTA BARBARA CA	CITY-ST-ZIP	Santa Barbara, CA 93117
TITLE	D ☒ Delete	TITLE	VS ☐ Change ☒
NAME	~~BLOKKER, JOHN~~	NAME	Peter M. Graham
STREET ADDRESS	450 WHISKEY HILL RD	STREET ADDRESS	6500 Hollister Ave
CITY-ST-ZIP	WOODSIDE CA 94026	CITY-ST-ZIP	Santa Barbara, CA 93117
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒
NAME	~~FRANK, HAROLD~~	NAME	Ernest J. Henley
STREET ADDRESS	6054 LA GOLETA RD	STREET ADDRESS	6500 Hollister Ave.
CITY-ST-ZIP	GOLETA CA 93117	CITY-ST-ZIP	Santa Barbara, CA 93117
TITLE	D ☒ Delete	TITLE	☐ Change ☐
NAME	~~CLOUTIER, GEORGE A~~	NAME	
STREET ADDRESS	221 MT AUBURN ST	STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	CITY-ST-ZIP	
TITLE	DV ☒ Delete	TITLE	☐ Change ☐
NAME	~~THOMPSON, R. BRUCE~~	NAME	
STREET ADDRESS	6500 HOLLISTER AVE	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	CITY-ST-ZIP	
TITLE	VS ☒ Delete	TITLE	☐ Change ☐
NAME	~~SIMONS, ANDREW D.~~	NAME	
STREET ADDRESS	6500 HOLLISTER AVE	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	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: 1/21/00 (727) 561-2100

~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #