

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006071

1. Entity Name

CIRCON CORPORATION OF DELAWARE

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90006 019 ***558.75

Principal Place of Business

Mailing Address

~~6500 HOLLISTER AVE~~
~~SANTA BARBARA CA 93117~~
US

~~6500 HOLLISTER AVE~~
~~SANTA BARBARA CA 93117~~
US

00059682

2. Principal Place of Business

492 OLD CONNECTICUT

3. Mailing Address

492 OLD CONNECTICUT

Suite, Apt. #, etc.

PATH

Suite, Apt. #, etc.

PATH

City & State

FRAMINGHAM, MA

City & State

FRAMINGHAM, MA

Zip

01701

Country

USA

Zip

01701

Country

USA

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
DAVIDSON, KENNETH
6500 HOLLISTER AVE
SANTA BARBARA CA 93117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GREGORY BARRETT
492 OLD CONNECTICUT PATH
FRAMINGHAM, MA 01701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
GRAHAM, PETER M
6500 HOLLISTER AVE
SANTA BARBARA CA 93117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID PIERCE, VP-FINANCE
492 OLD CONNECTICUT PATH
FRAMINGHAM, MA 01701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENLEY, ERNEST J
6500 HOLLISTER AVE
SANTA BARBARA CA 93117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
PAULEE DAY
10300 49TH ST. NORTH
CLEARWATER, FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 if 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

Date

Daytime Phone #

7/20/01 727
5612100

CR2E034 (10/00)