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Feb 11 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 # **F94000006273 (6)**

1. Corporation Name
B. BRAUN MEDICAL, INC.

Principal Place of Business	Mailing Address
824 12TH AVE. **BETHLEHEM PA 18018**	**824 12TH AVE.** **BETHLEHEM PA 18018-3524**

3. Date Incorporated or Qualified: **12/08/1994**
3a. Date of Last Report: **02/16/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 4027
Suite, Apt. #, etc.
27
City & State
28 BETHLEHEM, PA
Zip 29 18018-0027 Country 30

4. FEI Number: **23-2116774** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32314

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TRECHAK, RICHARD B		1.2 NAME	TRECHAK, RICHARD B.	
STREET ADDRESS	824 12TH AVE.		1.3 STREET ADDRESS	824 12TH AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18018		1.4 CITY-ST-ZIP	BETHLEHEM PA 18018	
TITLE	VD	☐ DELETE	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	PETRIE, FRANK W		2.2 NAME	NEUBAUER, CAROLL H.	
STREET ADDRESS	824 12TH AVE.		2.3 STREET ADDRESS	824 12TH AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18018		2.4 CITY-ST-ZIP	BETHLEHEM PA 18018	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, GEORGE K JR		3.2 NAME		
STREET ADDRESS	824 12TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18018		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, HUGH M		4.2 NAME		
STREET ADDRESS	824 12TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18018		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, THOMAS J		5.2 NAME		
STREET ADDRESS	824 12TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18018		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, RAY C		6.2 NAME		
STREET ADDRESS	824 12TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18018		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: THOMAS J. YOUNG, VP - FINANCE 2/5/97 (610) 691-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #