2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90179 002 ***150.00

DOCUMENT # F94000006273

1. Entity Name
B. BRAUN MEDICAL, INC.

Principal Place of Business	Mailing Address
824 12TH AVE. BETHLEHEM PA 18018	PO BOX 4027 BETHLEHEM PA 18018-0027 US

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 23-2116774 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32314	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, 2002 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	PD TRECHAK, RICHARD B 824 12TH AVE. BETHLEHEM PA 18018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO DIRECTOR WILLEM J. DEGOEDE 824 12TH AVE BETHLEHEM, PA 18018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NEUBAUER, CAROLL 824 12TH AVE. BETHLEHEM PA 18018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURKE, GEORGE K JR 824 12TH AVE. BETHLEHEM PA 18018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXEC VICE PRESIDENT ROBERT G. TICE 824 12TH AVE BETHLEHEM, PA 18018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRISON, HUGH M 824 12TH AVE. BETHLEHEM PA 18018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE PRESIDENT BRUCE A. HEUGEL 824 12TH AVE BETHLEHEM, PA 18018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP YOUNG, THOMAS J 824 12TH AVE. BETHLEHEM PA 18018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PETER G. WOOD 824 TWELFTH AVE BETHLEHEM, PA 18018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DINARDO, CHARLES A 824 TWELFTH AVE BETHLEHEM PA 18018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED PETER G. WOOD 1/2/02 610-691-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #