

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002286

1. Entity Name

SCHNEIDER (USA), INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90169 044 ***150.00

Principal Place of Business

Mailing Address

5905 NATHAN LANE NORTH
PLYMOUTH MN 55442

1 BOSTON SCIENTIFIC PLACE
NATICK MA 01760-1536
US

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

41-1455302

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 STREET
TALLAHASSEE FL 32301

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 PCEO ☒ Delete
NAME CANEPA, HELAINE
STREET ADDRESS PO BOX CH-8180 BULACH
CITY-ST-ZIP ACKERSTRASSE RD SW

TITLE PCEO ☐ Change ☒ Addition
NAME Paul R. Buckman
STREET ADDRESS One Scimed Place
CITY-ST-ZIP Maple Grove, MN 55311-1566

TITLE C ☒ Delete
NAME CLEVELAND, ROBIN
STREET ADDRESS 5905 NATHAN LANE NO
CITY-ST-ZIP PLYMOUTH MN 55442

TITLE CPO/D ☐ Change ☒ Addition
NAME Lawrence C. Best
STREET ADDRESS One Boston Scientific Place
CITY-ST-ZIP Natick, MA 01760

TITLE S ☒ Delete
NAME ROSS, ROBERT
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NEW YORK NY

TITLE T ☐ Change ☒ Addition
NAME Milan Kofol
STREET ADDRESS One Boston Scientific Place
CITY-ST-ZIP Natick, MA 01760

TITLE S ☒ Delete
NAME BEITHON, PATRICIA
STREET ADDRESS 5905 NATHAN LANE NORTH
CITY-ST-ZIP PLYMOUTH MN 55442

TITLE V ☐ Change ☒ Addition
NAME Lawrence R. Neumann
STREET ADDRESS One Boston Scientific Place
CITY-ST-ZIP Natick, MA 01760

TITLE D ☒ Delete
NAME GRAY, P N
STREET ADDRESS 5905 NATHAN LANE NORTH
CITY-ST-ZIP PLYMOUTH MN 55442

TITLE V ☐ Change ☒ Addition
NAME Daniel P. Florin
STREET ADDRESS One Scimed Place
CITY-ST-ZIP Maple Grove, MN 55311

TITLE AS ☒ Delete
NAME DERMAN, ALLEN
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NY NY

TITLE S ☐ Change ☒ Addition
NAME Jean-Fitterer Lance
STREET ADDRESS One Scimed Place
CITY-ST-ZIP Maple Grove, MN 55311

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 #

Lawrence R. Neumann

508-650-8000

CR2E034 (9/99)