

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90247 046 ***150.00

DOCUMENT # F96000005013

1. Corporation Name

GUIDANT SALES CORPORATION

Principal Place of Business

PO BOX 44906
INDIANAPOLIS IN 46244-0906

Mailing Address

PO BOX 44906
INDIANAPOLIS IN 46244-0906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

35-1987080

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 111 Monument Circle

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 #2900

24 City & State
Indianapolis, IN

27 City & State

28 Zip Country

29 Zip Country
46204 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BAUMGARDT, JAMES R
STREET ADDRESS 111 MONUMENT CIRCLE, 29TH FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204-5129

TITLE T ☐ DELETE

NAME LUCCHESI, CYNTHIA L
STREET ADDRESS 111 MONUMENT CIRCLE, 29TH FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204-5129

TITLE AS ☒ DELETE

NAME PETERSON, THOMAS R
STREET ADDRESS 111 MONUMENT CIRCLE, 29TH FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204-5129

TITLE GCS ☐ DELETE

NAME POWERS, MICHAEL F
STREET ADDRESS 111 MONUMENT CIRCLE, 29TH FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204-5129

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Mr. Baumgardt is also a Director

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Ms. Lucchese is also a Director.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Director
5.3 STREET ADDRESS Keith E. Brauer
5.4 CITY-ST-ZIP 111 Monument Circle, #2900
Indianapolis, IN 46204

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Michael F. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Powers

4/27/99

317/971-2000

Date

Daytime Phone #

CR2E034 (11/98)