2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90307 001 ***300.00

DOCUMENT # F96000005402

1. Entity Name
XOMED SURGICAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216

[redacted]

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 06-1393528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	DPC TREACE, JAMES T 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT H. BLANKEMEYER 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAYS, F B 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEAN E. RUSTAD 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TIMBIE, THOMAS E 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JAIME A. FRIAS 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMMITT, RICHARD B 18 BANK STREET SUMMIT NJ 07901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C ARTHUR D. COLLINS 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORHEAD, RODMAN W III 466 LEXINGTON AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V ROBERT L. RYAN 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, WILLIAM R 150 EAST 52ND STREET, 12TH FLOOR NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V DAVID L. SCOTT 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change XX Addition

CR2E034 (10/00)

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: _____ DEAN RUSTAD 4/20/01 904-279-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #