FILING COVER SHEET 7/2

ACCOUNT NUMBER:	FCA00000014
REFERENCE:	0173.847
DATE:	10-29-97
CONTACT NAME:	CINDY HICKS
REQUESTOR NAME:	CORPORATE & CRIMINAL RESEARCH SERVICES 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301
TELEPHONE:	904-222-1173 4000023325844
AUTHORIZATION:	Cindy Hicko w97-2462/
CORPORATION NAME:	Arterial Vascular
	Engineering, Inc.
DOCUMENT NUMBER: (if known)	
() ARTICLES OF INCORPOR	PATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION ()
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK () FICTITIOUS NAME
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 29, 1997

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: ARTERIAL VASCULAR ENGINEERING, INC.

Ref. Number: W97000024621

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

Please list the corporation's current mailing address in section seven of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 297A00052526

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Arterial Vascular Engineering, Inc.	
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	or
2	Delaware 3. 94-3144218	
(Delaware State or country under the law of which it is incorporated) 3. 94-3144218 (FEI number, if applicable)	
4.	July 30, 1991 (Date of Incorporation) 5 Perpetual (Duration: Year corp. will cease to exist or "normen	
_	to the second to	ial")
6.	N/A (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
	(2 = 0 = 10 to a manage of the state of the	2001
7.	526 E. Park Avenue, Tallahassee, FL 32301	<u>.</u>
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	(Current mailing address)	7)
		ب
8.	Medical device sales following approval from FDA.	9
1	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Sice Address: 526 E. Park Avenue	
Off	fice Address: 526 E. Park Avenue	
	Tallahassee , Florida , 32301 (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	
all.	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. C. Baclet	of.
	(Registered agent's signature)	
	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.	

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only-P. O. Box NOT acceptable) Chairman: See Attached Address: ____ Vice Chairman: Address: __ Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: See Attached Address: Vice President: Address: _____ Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Scott J. Solano, President & Chief Executive Officer

(Typed or printed name and capacity of person signing application)

Attachment 1

Business Address	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	260-13155 Delf Place, Richmond, BC V6V 2A2	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	3576 Unocal Place, Santa Rosa, CA 95403	
Title	Chairman of the Board of Directors	President, Chief Executive Officer, Director	Vice President or Research & Development, Director	Vice President of Finance, Chief Financial Officer, Treasurer, Director	Vice President of Workwide Sales & Marketing	Vice President of Manufacturing	Vice President of Quality, Clinical and Regulatory Affairs	Vice President of International Operations	Vice President of Health Care Strategies, Director of Business Development	General Counsel and Secretary	Director	Director	Director	
Director/Officer	Director											Director	Director	
Name	Bradly A. Jendersee	Scott J. Solano	Robert D. Lasbinski	John D. Miller	W. Kevin Bedsole	Gregory M. French	John A. Schiek	Creg W. Dance	Edward G. Schrader Jr.	Lawrence J. Fassler	Dr. J. Irawan Sugeng	Dr. Simon H. Stertzer	Craig E. Dauchy	

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SEGRETARY OF STATES

State of Delaware

Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTERIAL VASCULAR ENGINEERING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

97 OCT 29 PM 3: 04

Edward J. Freel, Secretary of State

2269660 8300

AUTHENTICATION:

8711966

971353743

DATE:

10-20-97