

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 045 ***150.00

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1. Corporation Name

HESKA CORPORATION



Principal Place of Business

1825 SHARP POINT DRIVE
FORT COLLINS CO 80525

Mailing Address

1825 SHARP POINT DRIVE
FORT COLLINS CO 80525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number

77-0192527

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 1613 Prospect Parkway

Suite, Apt. #, etc.

22

City & State

23 Fort Collins, CO

Zip

24 80525

Country

25 USA

2a. Mailing Address

26 1613 Prospect Parkway

Suite, Apt. #, etc.

27

City & State

28 Fort Collins, CO

Zip

29 80525

Country

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME DOLAN, A. B
STREET ADDRESS 525 UNIVERSITY, SUITE 1500
CITY-ST-ZIP PALO ALTO CA 94301

TITLE VCD ☐ DELETE

NAME GRIEVE, ROBERT B
STREET ADDRESS 1825 SHARP POINT DRIVE
CITY-ST-ZIP FORT COLLINS CO 80525

TITLE PCEO ☐ DELETE

NAME SCHWARZER, FRED M
STREET ADDRESS 1825 SHARP POINT DRIVE
CITY-ST-ZIP FORT COLLINS CO 80525

TITLE EV ☒ DELETE

NAME SHADDUCK, JOHN A
STREET ADDRESS 1825 SHARP POINT DRIVE
CITY-ST-ZIP FORT COLLINS CO 80525

TITLE CFOV ☒ DELETE

NAME SKOLOUT, WILLIAM G
STREET ADDRESS 1825 SHARP POINT DRIVE
CITY-ST-ZIP FORT COLLINS CO 80525

TITLE VSGC ☒ DELETE

NAME ROBBINS, DEBORAH E
STREET ADDRESS 1825 SHARP POINT DRIVE
CITY-ST-ZIP FORT COLLINS CO 80525

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VC;D;P;CEO ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE C;D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE EV ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE V;CFO ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE S;GC ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0532484