2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # F9800000359 **HESKA CORPORATION** 02-03-2001 90066 012 ***150.00 Principal Place of Business Mailing Address 1613 PROSPECT PARKWAY 1613 PROSPECT PARKWAY FORT COLLINS CO 80525 FORT COLLINS CO 80525 912839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 77-0192527 Not Applicable Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent ----7.-Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zin 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITLE Change ☐ Addition DOLAN, A. B NAME NAME 525 UNIVERSITY, SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALO ALTO CA 94301 CITY-ST-ZIP CEO/C/D Addition TITLE □ Delete **Change** GRIEVE, ROBERT B NAME NAME 1613 PROSPECT PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT COLLINS CO 80525 CITY-ST-ZIP TITLE ☐ Delete TITLE _ Change ☐ Addition SCHWARZER, FRED M ÑAME NAME STREET ADDRESS 1613 PROSPECT PARKWAY STREET ADDRESS CITY-ST-ZIP FORT COLLINS CO 80525 CITY-ST-ZIP **CFOV** CFO/EV/S ☐ Defete TITLE **Change** Addition HENDRICK, RONALD L NAME NAME STREET ADDRESS 1613 PROSPECT PARKWAY STREET ADDRESS CITY-ST-ZIP FORT COLLINS CO 80525 CITY-ST-ZIP COOP ☐ Delete TITLE TITLE Change Addition FULLER, JAMES H NAME STREET ADDRESS 1613 PROSPECT PARKWAY STREET ADDRESS CITY-ST-ZIP FORT COLLINS CO 80525 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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.

anald L. Hendrick Violog SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO