

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 90191 040 \*\*\*150.00

DOCUMENT # F98000002771

1. Corporation Name  
PERCLOSE, INC.



Principal Place of Business  
199 JEFFERSON DRIVE  
MENLO PARK CA 94025

Mailing Address  
199 JEFFERSON DRIVE  
MENLO PARK CA 94025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Ave Saginaw Drive  
Suite, Apt. #, etc.

22 City & State

23 Redwood City Ca

24 Zip 94063 Country USA

2a. Mailing Address

26 400 Saginaw Drive  
Suite, Apt. #, etc.

27 City & State

28 Redwood City Ca

29 Zip 94063 Country USA

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

94-3154669

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME SIMPSON, JOHN B PHMD  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE PD  
NAME PLAIN, HENRY A JR  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D  
NAME BRYSON, VAUGHN D  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D  
NAME EAGLE, MICHAEL  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D  
NAME LASHUKA, SERGE  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D  
NAME VETTER, JAMES W MD  
STREET ADDRESS 199 JEFFERSON DRIVE  
CITY-ST-ZIP MENLO PARK CA 94025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 (11/98)