


**9006 END**  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

001156

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90263 039 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000006781**  
 1. Corporation Name  
**RICHARD WOLF MEDICAL INSTRUMENTS CORP.**



Principal Place of Business 353 CORPORATE WOODS PARKWAY VERNON HILLS IL <del>60061</del> 60061	Mailing Address 353 CORPORATE WOODS PARKWAY VERNON HILLS IL <del>60061</del> 60061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/14/1998	4. FEI Number 36-2732789	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARD, INGEBORD	1.2 NAME	Burkhard, Ingeborg
STREET ADDRESS	POSTFACH 40, D-7134	1.3 STREET ADDRESS	Pforzheimer, Str. 32
CITY-ST-ZIP	GERMANY	1.4 CITY-ST-ZIP	75438 Knittlingen, GERMANY
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTON, HENRY S	2.2 NAME	Conston, Henry S.
STREET ADDRESS	90 PARK AVENUE	2.3 STREET ADDRESS	90 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	New York, NY 10016, USA
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, JACK	3.2 NAME	Richter, Jack S.
STREET ADDRESS	353 CORPORATE WOODS PARKWAY	3.3 STREET ADDRESS	100 South Wacker Drive
CITY-ST-ZIP	VERNON HILLS IL 84111	3.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Charge <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Acct.
STREET ADDRESS		4.3 STREET ADDRESS	Credit
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Acct. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Checked
NAME		5.2 NAME	by
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Pd: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	CO:
STREET ADDRESS		6.3 STREET ADDRESS	NFO:
CITY-ST-ZIP		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: **X** ~~SIGNATURE REQUIRED~~ February 23, 1999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/1/98)