2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # F98000006781 1. Entity Name RICHARD WOLF MEDICAL INSTRUMENTS CORP. 03-04-2000 90053 042 ***150.00 Principal Place of Business Mailing Address 353 CORPORATE WOODS PARKWAY 353 CORPORATE WOODS PARKWAY VERNON HILLS IL 60999 60061 VERNON HILLS IL 60061-3110 COUZYASY 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 36-2732789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE: COMPANY-Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip 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, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President & CEO **PCEO** TITLE ☐ Defete TITLE ☐ Addition Burkhard, Ingeborg BURKHARD, INGEBORD NAME STREET ADDRESS Pforzheimer Str. 32 STREET ADORESS PFORZHEIMER STR. 32 CITY-ST-ZIP CITY-ST-ZIP 75438 Knittlingen, GERMANY KNITTLINGEN, GERMANY 75438 Secretary TITLE ☐ Delete TITL F ☐ Change ☐ Addition CONSTON, HENRY S NAME NAME Conston, Henry S. 90 PARK AVENUE STREET ADDRESS STREET ADDRESS 90 Park Avenue CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10016 New York, NY 10016, USA Change Change ☐ Addition TITLE ☐ Delete TITLE Member of the Board RICHTER, JACK NAME NAME Richter, Jack S. STREET ADDRESS 100 S. WACKER DR STREET ADDRESS 100 South Wacker Drive CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Chicago, IL 60606 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



Ingeborg Burkhard



847-913-1113

ate

Daytime Phone #

Change

Addition