

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006781

FILED
Apr 12, 2007
Secretary of State

Entity Name: RICHARD WOLF MEDICAL INSTRUMENTS CORP.

Current Principal Place of Business:

353 CORPORATE WOODS PARKWAY
VERNON HILLS, IL 60061

New Principal Place of Business:

Current Mailing Address:

353 CORPORATE WOODS PARKWAY
VERNON HILLS, IL 60061

New Mailing Address:

FEI Number: 36-2732789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NOTHEIS, ALFONS
Address: PFORZHEIMER STR. 32
City-St-Zip: KNITTLINGEN, GERMANY, 75438

Title: S () Delete
Name: CONSTON, HENRY S
Address: 90 PARK AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: COO () Delete
Name: KARST, SIEGFRIED
Address: PFORZHEIMER STR. 32
City-St-Zip: KNITTLINGEN, GERMANY, 75438

Title: TO () Delete
Name: KNODEL, MONIKA
Address: PFORZHEIMER STR. 32
City-St-Zip: KNITTLINGEN, GERMANY, 75438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CONSTON, HENRY S
Address: 100 HARBORVIEW DRIVE SUITE 405
City-St-Zip: PORT WASHINGTON, NY 11050

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIKA KNODEL

TO

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date