

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90271 043 ***150.00

04/25/03 AT

DOCUMENT # F98000006781



1. Entity Name
RICHARD WOLF MEDICAL INSTRUMENTS CORP.

Principal Place of Business
**353 CORPORATE WOODS PARKWAY
VERNON HILLS IL 60061**

Mailing Address
**353 CORPORATE WOODS PARKWAY
VERNON HILLS IL 60061**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2732789**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	BURKHARD, INGEBORD	
STREET ADDRESS	PFORZHEIMER STR. 32	
CITY-ST-ZIP	KNITTLINGEN, GERMANY 75438	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONSTON, HENRY S	
STREET ADDRESS	90 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHTER, JACK	
STREET ADDRESS	100 S. WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Notheis, Alfons	
STREET ADDRESS	Pforzheimer Str. 32	
CITY-ST-ZIP	Knittlingen, Germany 75438	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karst, Siegfried	
STREET ADDRESS	Pforzheimer Str. 32	
CITY-ST-ZIP	Knittlingen, Germany 75438	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Officer & Treasurer	
STREET ADDRESS	Knodel, Monika	
CITY-ST-ZIP	Pforzheimer Str. 32	
CITY-ST-ZIP	Knittlingen, Germany 75438	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monika Knodel* **Monika Knodel**

4/21/2003 **847 913 1113**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)