

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000236

1. Entity Name

ALARIS MEDICAL SYSTEMS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 039 ***550.00

Principal Place of Business

10221 WATERIDGE CIRCLE
 SAN DIEGO CA 92121

Mailing Address

10221 WATERIDGE CIRCLE
 SAN DIEGO CA 92121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3800335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

PLEASE SEE ATTACHED FOR COMPLETE LIST

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PICOWER, JEFFRY M	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, NORMAN M	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, HENRY	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELSKY, RICHARD B	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	DPCE	<input checked="" type="checkbox"/> Delete
NAME	MERCER, WILLIAM J	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIGORIEV, SALLY	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO CA 92121	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY SHALOV	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, NORMAN	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANK BROWN	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM TUMBER	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	
TITLE	DPCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L. Schlotterbeck	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	
TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZEL AKER	
STREET ADDRESS	10221 WATERIDGE CIRCLE	
CITY-ST-ZIP	SAN DIEGO, CA 92121-2733	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signed **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAZEL M. AKER / 09/11/00 / (858) 458-7508
 Date Daytime Phone #

CR2E034 (5/00)

attachment
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Board of Directors and Officers of ALARIS Medical Systems, Inc.

<u>Title</u>	<u>Name</u>	<u>Address</u>
Secretary, Vice President and General Counsel	Aker, Hazel M.	10221 Wateridge Circle San Diego, CA 92121
Chief Financial Officer, Sr. Vice President & Treasurer	Bopp, William C.	10221 Wateridge Circle San Diego, CA 92121
President & Chief Executive Officer	Schlotterbeck, David L.	10221 Wateridge Circle San Diego, CA 92121
Chairman Director	Dean, Norman	10221 Wateridge Circle San Diego, CA 92121
Director	Schlotterbeck, David L.	10221 Wateridge Circle San Diego, CA 92121
Director	Tumber, William.	10221 Wateridge Circle San Diego, CA 92121
Director	Brown, Hank	10221 Wateridge Circle San Diego, CA 92121
Director	Green, Henry	10221 Wateridge Circle San Diego, CA 92121
Director	Shalov, Barry	10221 Wateridge Circle San Diego, CA 92121

attachment
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ALARIS Medical Systems, Inc.
Corporate Office
10221 Wateridge Circle
San Diego, CA 92121-2733
(858) 458-7000
Fax (858) 458-7760

Direct Dial (858) 458-7018
Direct Fax (858) 458-6516
jilett@alarismed.com

Mailed Via: Certified mail with Return Receipt Requested

August 31, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Annual Report for ALARIS Medical Systems, Inc.

Dear Sir or Madam:

I have enclosed the ALARIS Medical Systems, Inc. Annual Report and filling fee for the year 2000.

If you have any questions or require additional information, please do not hesitate to call me at the above listed number.

Sincerely,

A handwritten signature in cursive script that reads "Julie Ilett".

Julie Ilett
Legal Assistant

Enclosures

- Annual Report
- Check for \$550.00