# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# F99000001376

**Entity Name:** VECTOR MEDICAL, INC.

**Current Principal Place of Business:**

335 LOWELL AVE
PALO ALTO, CA 94301

**New Principal Place of Business:**

**Current Mailing Address:**

335 LOWELL AVE
PALO ALTO, CA 94301

**New Mailing Address:**

**FEI Number: 59-3564171** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | HOLLIS, J M | |
| Address: | 1886 LODGE POLE DRIVE | |
| City-St-Zip: | MILTON, FL | |
| Title: | S | ( ) Delete |
| Name: | MCGLYNN, J C | |
| Address: | 650 PAGE MILL RD | |
| City-St-Zip: | PALO ALTO, CA | |
| Title: | TD | ( ) Delete |
| Name: | LYNN, PATRICK | |
| Address: | 7072 MARTWOOD WAY | |
| City-St-Zip: | SAN JOSE, CA | |
| Title: | CD | ( ) Delete |
| Name: | MCGURK, ERIN | |
| Address: | 335 LOWELL AVE | |
| City-St-Zip: | PALO ALTO, CA 94301 | |
| Title: | D | ( ) Delete |
| Name: | DIECK, RONALD | |
| Address: | 335 LOWELL AVE | |
| City-St-Zip: | PALO ALTO, CA 94301 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 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 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: PATRICK G. LYNN TD 04/29/2002

Electronic Signature of Signing Officer or Director — Date