

**2000 UNIFORM BUSINESS REPORT (UBR)**

**10f3**

**DOCUMENT # F99000002495**

1. Entity Name  
**COBE CARDIOVASCULAR, INC.**

**FILED**  
**00 JUL 24 AM 10:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**14401 WEST 65TH WAY**      **14401 WEST 65TH WAY**  
**ARVADA CO 80004**      **ARVADA CO 80004**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **84-1491245**      Applied For  
Not Applicable

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIACCHETTI, EDWARD J	
STREET ADDRESS	14401 WEST 65TH WAY	
CITY-ST-ZIP	ARVADA CO 80004	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, KEVIN M	
STREET ADDRESS	1185 OAK STREET	
CITY-ST-ZIP	LAKEWOOD CO 80125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*See Attached*

**300003332833--4**

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 of this report if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas Sheldon*      **Thomas Sheldon, Chief Financial Officer**      **3/17/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #      **303-467-650**

CR2E034 (5/00)

**COBE CARDIOVASCULAR INC,**  
formerly known as  
**COBE CARDIOVASCULAR OPERATING CO., INC.**  
(a Delaware corporation)

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
<b><u>OFFICERS</u></b>		
Edward J. Giachetti	President	14401 West 65th Way Arvada, Colorado 80004
Jim Trevor	Vice President Marketing & Sales	14401 West 65th Way Arvada, Colorado 80004
Rodger Stewart	Vice President Research & Development	14401 West 65th Way Arvada, Colorado 80004
Dennis Mahoney	Vice President Operations	14401 West 65th Way Arvada, Colorado 80004
Sharon Thompson	Vice President Quality Assurance & Regulatory Affairs	14401 West 65th Way Arvada, Colorado 80004
Thomas Sheldon	Vice President Chief Financial Officer	14401 West 65th Way Arvada, Colorado 80004
Marilyn Neale	Secretary	14401 West 65th Way Arvada, Colorado 80004
Hardin Holmes	Assistant Secretary	1675 Broadway, Suite 2600 Denver, Colorado 80202
<b><u>DIRECTORS</u></b>		
Edward J. Giachetti	Director	14401 West 65th Way Arvada, Colorado 80004
Carlo Vanoli	Director	c/o 14401 West 65th Way Arvada, Colorado 80004
Bruno Inguaggiato	Director	c/o 14401 West 65th Way Arvada, Colorado 80004
Piero Pagli	Director	c/o 14401 West 65th Way Arvada, Colorado 80004
Paolo Benatti	Director	c/o 14401 West 65th Way Arvada, Colorado 80004



ACCOUNT NO. : 072100000032

REFERENCE : 772459 4718613

AUTHORIZATION *Patricia Pappalardo*

COST LIMIT : \$ 550.00

ORDER DATE : July 21, 2000

ORDER TIME : 9:25 AM

ORDER NO. : 772459-005

CUSTOMER NO: 4718613

CUSTOMER: Shirley Jantz, Paralegal  
Ireland Stapelton Pryor And  
1675 Broadway  
# 2600  
Denver, CO 802020000

ANNUAL REPORT FILING

NAME: COBE CARDIOVASCULAR, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS EXT 1133

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 JUL 24 AM 10:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AND  
TALLAHASSEE, FLORIDA