


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90055 040 \*\*\*150.00

DOCUMENT # F99000002495					
1. Entity Name COBE CARDIOVASCULAR, INC.					
Principal Place of Business 14401 WEST 65TH WAY ARVADA, CO 80004		Mailing Address 14401 WEST 65TH WAY 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	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE STREET PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, RODGER		NAME		
STREET ADDRESS	14401 W. 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREVOR, JIM		NAME		
STREET ADDRESS	14401 WEST 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	EVPM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREVOR, JIM		NAME		
STREET ADDRESS	14401 WEST 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSGOOD, BILL		NAME		
STREET ADDRESS	14401 WEST 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	VPQA	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, JIM		NAME		
STREET ADDRESS	14401 WEST 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMORA, BARBARA		NAME		
STREET ADDRESS	14401 WEST 65TH WAY		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		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: <i>Barbara Zamora</i>			Date: <i>3/25/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>303467-6594</i>		

54029286



03252004 Chg-P CR2E034 (10/03)