

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002495

FILED
May 20, 2005
Secretary of State

Entity Name: COBE CARDIOVASCULAR, INC.

Current Principal Place of Business:

14401 WEST 65TH WAY
ARVADA, CO 80004

New Principal Place of Business:

Current Mailing Address:

14401 WEST 65TH WAY
ARVADA, CO 80004

New Mailing Address:

FEI Number: 84-1491245

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 STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEWART, RODGER
Address: 14401 W. 65TH WAY
City-St-Zip: ARVADA, CO 80004

Title: EVP () Delete
Name: TREVOR, JIM
Address: 14401 WEST 65TH WAY
City-St-Zip: ARVADA, CO 80004

Title: EVPM (X) Delete
Name: TREVOR, JIM
Address: 14401 WEST 65TH WAY
City-St-Zip: ARVADA, CO 80004

Title: VPO (X) Delete
Name: OSGOOD, BILL
Address: 14401 WEST 65TH WAY
City-St-Zip: ARVADA, CO 80004

Title: S () Delete
Name: ZAMORA, BARBARA
Address: 14401 WEST 65TH WAY
City-St-Zip: ARVADA, CO 80004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHELDON, THOMAS VP
Address: 14401 WEST 65TH WAY
City-St-Zip: ARVADA, CO 80004

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: BARBARA ZAMORA

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05/20/2005

Electronic Signature of Signing Officer or Director

_____ Date