

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002495

FILED  
Apr 07, 2006  
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: VP ( ) Delete  
Name: SHELDON, THOMAS VP  
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: P (X) Change ( ) Addition  
Name: BEARD, ERIC  
Address: 14401 W. 65TH WAY  
City-St-Zip: ARVADA, CO 80004

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 Chapter 119, 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

S

04/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date