

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90154 008 \*\*\*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**

**33004243**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1491245**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, RODGER</b>	
STREET ADDRESS	<b>14401 W. 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>TREVOR, JIM</b>	
STREET ADDRESS	<b>14401 WEST 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	
TITLE	<b>EVPM</b>	<input type="checkbox"/> Delete
NAME	<b>TREVOR, JIM</b>	
STREET ADDRESS	<b>14401 WEST 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>OSGOOD, BILL</b>	
STREET ADDRESS	<b>14401 WEST 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	
TITLE	<b>QAM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLISON, JACK</b>	
STREET ADDRESS	<b>14401 WEST 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEALE, MARILYN</b>	
STREET ADDRESS	<b>14401 WEST 65TH WAY</b>	
CITY-ST-ZIP	<b>ARVADA CO 80004</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VPQA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim Russell</b>	
STREET ADDRESS	<b>14401 W. 65th Way</b>	
CITY-ST-ZIP	<b>Arvada, CO 80004</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Zamora, Barbara</b>	
STREET ADDRESS	<b>14401 W. 65th Way</b>	
CITY-ST-ZIP	<b>Arvada, CO 80004</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Thomas Sheldon Thomas Sheldon - VP & CFO 303-467-6529

CR2E034 (10/02)