

ACCOUNT NO.

072100000032

REFERENCE

047439

5031638

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: December 1, 1998

ORDER TIME : 10:17 AM

ORDER NO. : 047439

600002759936--8

CUSTOMER NO: 5031638

CUSTOMER: Cheryl Treen, Legal Asst

Boston Scientific Corporation 1 Boston Scientific Place

Natick, MA 017601537

CHANGE OF AGENT

NAME: CORVITA CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson



Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1. Foration organized under the laws of the State of		
	ving statement in order to change its registered o		ent, or both, in the
1. The name of the	ne corporation is: CORVITA CORPO	RATION	
2. The mailing ad	dress of the corporation is:		
3. Date of incorp	oration/qualification: December 16, 1986 December 1986 December 16, 1986 December 16	ocument number:	M43356
4. The name and	address of the current registered agent and office:		√.c. 99
R	OBERT E. BOYETT JR.		FG T T
8	210 NW 27TH STREET		
<u> </u>	IAMI, FL 33122		
5. The name and	address of the new registered agent and office: (P.	O. Box Not Accepta	able)
<u>c</u>	orporation Service Company	· · · · · · · · · · · · · · · · · · ·	語 3
1	201 Hays Street		
	allahassee, FL 32301		
The street addre	ss of its registered office and the street address and will be identical.	of the business offic	e of its registered
Such change wa authorized by th	s authorized by resolution duly adopted by its be board.	oard of directors or	by an officer so
1		-1/18/	9
(Signature o	f an officer, chairman or vice chairman of the board)	Фа	ite)
LAWRENCE R. NEU	MANN, Vice President		
	(Printed or typed name and title)		Date)
Having been na corporation, I h I further agree to performance of registered agent	med as registered agent and to accept service o ereby accept the appointment as registered age o comply with the provisions of all statutes rela my duties, and I am familiar with and accept the	f process for the abo nt and agree to act i tive to the proper at e obligation of my p	ove stated n this capacity. nd complete osition as
Corporation S	ervice Company	1/20/9	î
Y NEW X	ignature of Registered Agent)	(Date)	
If signing on behalf			
VICKI SCHREIBE		Assistant Vice P	resident
	Typed or Printed Name)	(Capacity)	-