

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90006 014 ***150.00

DOCUMENT # M43356

1. Entity Name

CORVITA CORPORATION

Principal Place of Business

Mailing Address

ONE BOSTON SCIENTIFIC PL
 NATICK MA 01760
 US

ONE BOSTON SCIENTIFIC PLACE
 NATICK MA 01760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2745022**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERMAN, MICHAEL	
STREET ADDRESS	ONE SCIMED PLACE	
CITY-ST-ZIP	MAPLE GROVE MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEST, LAWRENCE C	
STREET ADDRESS	ONE BOSTON SCIENTIFIC PLACE	
CITY-ST-ZIP	NATICK MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JANET M	
STREET ADDRESS	ONE BOSTON SCIENTIFIC PLACE	
CITY-ST-ZIP	NATICK MA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDMAN, PAUL W	
STREET ADDRESS	ONE BOSTON SCIENTIFIC PLACE	
CITY-ST-ZIP	NATICK MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEUMANN, LAWRENCE R	
STREET ADDRESS	ONE BOSTON SCIENTIFIC PLACE	
CITY-ST-ZIP	NATICK MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANCE, JEAN P	
STREET ADDRESS	ONE SCIMED PLACE	
CITY-ST-ZIP	MAPLE GROVE MN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Neumann

Date

4-24-01

Daytime Phone #

508-650-8000

CR2E034 (10/00)