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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11419

(9)

PROTEON, INC.					1 <u>40 044 04 101 1007 11011 01004 H</u> eile	Alk anani alali akali Anali ah	(i): \$181(183)
Principal Place of Business NINE TECHNOLOGY DR WESTBOROUGH MA 01581 US		Mailing Address NINE TECHNOLOGY DR WESTBOROUGH MA 01581-1728 US					
		••			 Date Incorporated or Qualified 09/16/1986 	3a. Date of Last 05/01/1996	, , , , , , , , , , , , , , , , , , ,
2. Principal P	lace of Business	2a. Mailing Address		······································	4. FEI Number		Applied For
21		26			04-2531856		Not Applicable
Suite Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 : : : : : : : : : : : : : : : : : :		City & State					Required
	e e				6. Election Campaign Financing		May Be
Z ip	Country Zip		Coun	try		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		•	Florida Statutes Yes No	
	9. Name and Address of Current		1001		10. Name and Address of New I		
CT (CORPORATION SYSTEM			1 Name			
	O S. PINE ISLAND ROAD		-	2 Street	Address (P.O. Box Number is Not Accept	table)	
	NTATION FL 33324		•	311061	Address (F.O. Box Rumber is Not Accept	able)	
,			1	3			
			h	4 City		85 Zig	p Code
						FL 1	
office or r agent. La	to the provisions of Sections 607 0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statu I Florida Such change was ons of, Section 607.0505, F	tes, the abo authorized lorida Statu	by the cor les.	corporation submits this statement for the poration's board of directors. I hereby acc	 purpose of changing ept the appointment a 	its registered
***************************************	Stgrature, typed or purifical name of registered agent			gent signature	e required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13. 11 TITL		ADDITIONS/CHANGES TO OFF		
TITLE	CD CALMEN HOWADD C					L. Change	e [] Addition
NAMI	SALWEN, HOWARD C. 28 GROVE HILL PARK		12 NAME				
STREET ADDRESS OITY-ST-ZIP	NEWTONVILLE MA		1.3 STREET ADDRESS 1.4 City-St-Zip				
TITLE	VP	L DELETE	2 1 TITL			Change	e Addition
NAME	DIGIANTOMMASO, JOSEPH A	2:			VP - CFO, Sec, & The	4.5°	
STREET AUDRESS	104 EARLE ST		2 3 STREET ADDRESS		ROBERT J. CONNAUGHTON, JR.		
DITY-ST-7-P	NORWOOD MA			Y-ST-ZIP	102 DEN QUARRY ROAD		
THEF	Р	DELETE		E	LYNN, MA 01904	☐ Change	e 🔲 Addition
NAME	CAPONE, DANIEL J.		3 2 NAN	ΙĒ			
STREET AUDRESS	115 CHERRY STREET		3.3 STR	ET ADDRESS			
CITY-ST-7iP	WRENTHAM MA		3.4. Cit	r-ST-ZIP	i		
THEF	D	☐ DELETE	4.1 TITL	E	UP Ensineering	Change	e Addition
NAME	CLARK, DAVID, C		4 2 NAI	Æ	Sceren Bielgers		
STREET ADDRESS	329 HEATHS BRIDGE RD		4.3 STR	EET ADDRESS	7 Technology Dr		
CITY - ST - 7IP	CONCORD MA		4.4 CIT)	- ST-ZIP	WESTERN MA 0158		
TITLE	\mathcal{D}	L DELETE	5.1 TITL	E	& UP SALES	L. Change	e Addition
NAME	MArgus, Julius		5.2 NAN		William arecc		
STREET ADDRESS	9-Technology Dr	· 1		EET ADDRESS	9 Technology Dr		
CPTY+ST+7IP	westkio ma or	758 J		-ST-ZIP	Westburg ma or	5-8 /	A Janes -
THE	(-3 Sevin	L DELETE	6.1 TITL		·	Change	e L Addition
NAME	CIDISOUN		6 2 NAN				
	9 Technology Dr	C J		EET ADDRESS			
CITY-S1-ZIP	by certify that the information supplied	o/ with this films does not oue		'-ST-ZIP xemotion s	L stated in Section 119.07(3)(i), Florida State	ites. I further certify th	at the
informatic Lani an o	on indicated on this annual report or sur	oplemental annual report is ne receiver or trustee empor	true and ac wered to ex	curate and	that my signature shall have the same le report as required by Chapter 607, Florida	oal effect as if made u	under oath: that l

FILED Feb 27 1997 8:00am Secretary of State