

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90835 010 ***150.00

DOCUMENT # P11876

1. Entity Name

NELLCOR PURITAN BENNETT INCORPORATED

Principal Place of Business

Mailing Address

675 MCDONELL BLVD
 HAZELWOOD MO 63042
 US

16305 SWINGLEY RIDGE DR
 ATTN: TAX DEPT
 CHESTERFIELD MO 63017-1777
 US

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431-0938

USA

4. FEI Number

94-2789249

Applied For

Not Applicable

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

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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	T	<input checked="" type="checkbox"/> Delete
NAME	VOLTOLINA, FRANK A.	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017-1777	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HESSEMAN, JOHN	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	KELLER, ROGER A	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	REBHOLZ, JUDITH	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017-1777	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BUDENHOLZER, ROBERT T	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROCCA, MICHAEL A	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Michael Anthony	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meelia, Richard J.	
STREET ADDRESS	15 Hampshire Street	
CITY-ST-ZIP	Mansfield, MA 02048	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Butin, Irving	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter, NH 03833	
TITLE	Assistant Treasurer/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevenson, Scott	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Michael Anthony	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton, FL 33486	
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:

Scott Stevenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Stevenson VP/Asst. Treas.

4/24/01 (561)988-6376

Date

Daytime Phone #

CR2E034 (10/00)