

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12807** (4)
1. Corporation Name
COBE LABORATORIES, INC.

Principal Place of Business 1185 OAK STREET LAKEWOOD CO 80215	Mailing Address 1185 OAK STREET ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 01/07/1987	
4. FEI Number 95-2403584		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, HERBERT S.	1.2 NAME	Bruce Winsor
STREET ADDRESS	1185 OAK STREET	1.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP	LAKEWOOD CO	1.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHLSTROM, MATS	2.2 NAME	
STREET ADDRESS	1185 OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JR. R Z.	3.2 NAME	
STREET ADDRESS	1185 OAK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, EDWARD C	4.2 NAME	
STREET ADDRESS	13062 W LASALLE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	VPP <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACHETTI, EDWARD G.	5.2 NAME	
STREET ADDRESS	2404 S YANK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, WENDELL	6.2 NAME	
STREET ADDRESS	1185 OAK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Bruce Winsor**, Asst. Secretary, (303) 231-4091

CR2E034 (10/97)