

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P12807**

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**

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1987**

4. FEI Number

**95-2403584**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

TITLE **AS** ☐ DELETE  
NAME **WINSOR, BRUCE**  
STREET ADDRESS **1185 OAK ST**  
CITY-ST-ZIP **LAKEWOOD CO 80215**

TITLE **PD** ☐ DELETE  
NAME **WAHLSTROM, MATS**  
STREET ADDRESS **1185 OAK STREET**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **VPS** ☐ DELETE  
NAME **LEVY, JR. R Z**  
STREET ADDRESS **1185 OAK STREET**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **D** ☐ DELETE  
NAME **WOOD, EDWARD C**  
STREET ADDRESS **13062 W LASALLE CIR**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **VPP** ☐ DELETE  
NAME **GIACHETTI, EDWARD G.**  
STREET ADDRESS **2404 S YANK CIR**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition  
1.2 NAME **Lynn N. Meyer**  
1.3 STREET ADDRESS **1185 Oak Street**  
1.4 CITY-ST-ZIP **Lakewood, CO 80215**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: **Lynn N. Meyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (303) 205-2542

Date

Daytime Phone #

CR2E034 (11/98)

546704-96008-22  
P12807

**COBE Laboratories, Inc.**

**Officers**

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	Chairman of the Board	1185 Oak Street Lakewood, CO 80215
Kevin M. Smith	President and Treasurer	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President, Secretary and Assistant Treasurer	5200 Maryland Way, Suite 300 Brentwood, TN 37027
Edward C. Wood, Jr.	Vice President	1201 Oak Street Lakewood, CO 80215
Edward J. Giachetti	Vice President	14401 W. 65 <sup>th</sup> Way Arvada, CO 80004
Nancy A. Walla	Vice President	1185 Oak Street Lakewood, CO 80215
Mary Nick	Vice President	1185 Oak Street Lakewood, CO 80215
Simon Castellanos	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Monty R. Price	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Bruce R. Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Edna O'Connor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215

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**COBE Laboratories, Inc.**

**Board of Directors**

<u>Director Name</u>	<u>Business Address</u>
Mats Wahlström	1185 Oak Street Lakewood, CO 80215
Kevin M. Smith	1185 Oak Street Lakewood, CO 80215
Edward J. Giachetti	14401 W. 65 <sup>th</sup> Way Arvada, CO 80004
Edward C. Wood, Jr.	1201 Oak Street Lakewood, CO 80215
Mikael Lilus	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden
Soren Mellstig	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden