

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18119

1. Entity Name

ARROW INTERNATIONAL - OHIO, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90065 015 ***150.00

Principal Place of Business	Mailing Address
9900 CLINTON ROAD CLEVELAND OH 44144	9900 CLINTON ROAD CLEVELAND OH 44144-1034

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	34-1018618	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANNARINO, FRANK 4740 NW 15TH AVE FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent		
Name Mannarino, Frank		
Street Address (P.O. Box Number is Not Acceptable) 2776 N.W. 29th Terrace, Bldg. #7		
City Lauderdale Lakes	FL	Zip Code 33311

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] (NOTE: Registered Agent signature required when reinstating) X 2/10/00 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, 2000 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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JOHN, SR.	NAME	
STREET ADDRESS	9900 CLINTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44144	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JOHN JR.	NAME	
STREET ADDRESS	9900 CLINTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44144	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, CATHERINE	NAME	
STREET ADDRESS	9900 CLINTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44144	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DENNIS	NAME	
STREET ADDRESS	9900 CLINTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44144	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

4/23/00 (216) 961-3500

CR2E034 (9/99)