

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90186 027 \*\*\*150.00

DOCUMENT # P18820

1. Corporation Name

COOK VASCULAR INCORPORATED

Principal Place of Business

RIVER ROAD. ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

Mailing Address

RIVER ROAD. ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1988

4. FEI Number

25-1393375

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHWIEGER, JASON  
11 NORTH MILLS AVE  
1612  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEMS

82 Street Address (P.O. Box Number is Not Acceptable)

1200 FINE ISLAND ROAD

83

84 City PLANTATION

FL

85 Zip Code 33324

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 JEFFREY R. GRAVES ASST. Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

CT CORPORATION SYSTEM 4-2-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DS  
FERGUSON, STEVE  
STREET ADDRESS 405 N. ROGERS ST.  
CITY-ST-ZIP BLOOMINGTON IN

TITLE ☐ DELETE

NAME D  
MCCULLOUGH, PHYLLIS  
STREET ADDRESS 925 SOUTH CURRY PIKE  
CITY-ST-ZIP BLOOMINGTON IN 47402

TITLE ☐ DELETE

NAME T  
JOHN R. KAMSTRA  
STREET ADDRESS 405 N. ROGERS ST.  
CITY-ST-ZIP BLOOMINGTON IN

TITLE ☐ DELETE

NAME D  
FRANZ, CHARLES  
STREET ADDRESS 405 N. ROGERS ST.  
CITY-ST-ZIP BLOOMINGTON IN

TITLE ☐ DELETE

NAME C  
COOK, WILLIAM A.  
STREET ADDRESS PO BOX 489 NA  
CITY-ST-ZIP BLOOMINGTON IN

TITLE ☐ DELETE

NAME DP  
LOUIS GOODE,  
STREET ADDRESS P.O. BOX 529 RIVER RD. ROUTE 66  
CITY-ST-ZIP LEECHBURG PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)