

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90121 023 ***150.00

DOCUMENT # P18820

1. Entity 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

2. Principal Place of Business

1186 MONTGOMERY LANE

Suite, Apt. #, etc.

3. Mailing Address

1186 MONTGOMERY LANE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1393375**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
1200 PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 DANIEL'S WAY**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCULLOUGH, PHYLLIS**
CITY-ST-ZIP **925 SOUTH GURRY PIKE
BLOOMINGTON IN 47402**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 DANIEL'S WAY**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 DANIEL'S WAY**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 DANIEL'S WAY**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 DANIEL'S WAY**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1186 MONTGOMERY LANE, P.O. BOX 529**
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

724-845-8621

CR2E034 (10/02)