

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90163 030 ***150.00

DOCUMENT # P27939

1. Entity Name
DATASCOPE CORP.



Principal Place of Business
**14 PHILIPS PARKWAY
MONTVALE, NJ 07645**

Mailing Address
**14 PHILIPS PARKWAY
MONTVALE, NJ 07645**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2529596

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPER, LAWRENCE 14 PHILLIPS PKWY MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS PITKOWSKY, MURRAY 14 PHILLIPS PARKWAY MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GUTWORTH, FRANK L 14 PHILIPS PARKWAY MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO ADLEMAN, FRED 14 PHILIPS PARKWAY MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, JAMES L 14 PHILIPS PARKWAY MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAK, SARIEH 14 PHILIPS PARKWAY MONTVALE, NJ 07645

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank L Gutworth 08/24/2005 201 391 8100