

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 028 ***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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

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 date, if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	PD	<input type="checkbox"/> Delete
NAME	SAPER, LAWRENCE	
STREET ADDRESS	14 PHILIPS PKWY	
CITY-STATE-ZIP	MONTVALE NJ	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KANTOR, SCOTT D	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE NJ 07645	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GUTWORTH, FRANK L	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE NJ 07645	
TITLE	CAO	<input type="checkbox"/> Delete
NAME	ADLEMAN, FRED	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE NJ 07645	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOPER, JAMES L	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE NJ 07645	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZAK, S ARIEH	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE NJ 07645	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY M. SCARAMELLI	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE, N.J. 07645	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	AS COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINO LAUDANI	
STREET ADDRESS	14 PHILIPS PARKWAY	
CITY-STATE-ZIP	MONTVALE, N.J. 07645	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

ASST. TREAS.

Date

Daytime Phone