FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32128** **(1)**

1. Corporation Name
COBE CARDIOVASCULAR, INC.

Principal Place of Business	Mailing Address
1185 OAK ST. LAKEWOOD CO 80215	1185 OAK ST. ATTN TAX DEPARTMENT LAKEWOOD CO 80215 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1990	3a. Date of Last Report: 04/06/1994
4. FEI Number: 84-1155789	☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 (signature, typed or printed name of registered agent, with capacity) (if applicable) (registered agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☒ Addition
NAME	~~GARDNER, WENDELL~~ DELETE GARDNER	12 NAME	GIACHETTI, EDWARD J.
STREET ADDRESS	14401 W 65 WAY	13 STREET ADDRESS	14401 W 65TH WAY
CITY ST ZIP	ARVADA CO	14 CITY ST ZIP	ARVADA, CO. 80004
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BUIS, GREG	22 NAME	
STREET ADDRESS	14401 W 65 WAY	23 STREET ADDRESS	
CITY ST ZIP	ARVADA CO	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	POOL, WILLIAM	32 NAME	
STREET ADDRESS	14401 W 65 WAY	33 STREET ADDRESS	
CITY ST ZIP	ARVADA CO	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	LAWSON, HERBERT S.	42 NAME	
STREET ADDRESS	1185 OAK ST.	43 STREET ADDRESS	
CITY ST ZIP	LAKEWOOD CO	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	NEALE, MARILYN	52 NAME	
STREET ADDRESS	14401 W 65 WAY	53 STREET ADDRESS	
CITY ST ZIP	ARVADA CO	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WAHLSTROM, MATS	62 NAME	
STREET ADDRESS	1185 OAK ST	63 STREET ADDRESS	
CITY ST ZIP	LAKEWOOD CO	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, or on an attachment with an address.

SIGNATURE: Herbert S. Lawson HERBERT S. LAWSON 4/21/95 SECRETARY/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0491302 FP