

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 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90192 007 \*\*\*150.00

**DOCUMENT # P32128**

1. Corporation Name

**COBE CARDIOVASCULAR, INC.**

Principal Place of Business

**1185 OAK ST.  
LAKEWOOD CO 80215**

Mailing Address

**1185 OAK ST.  
ATTN: LEGAL DEPARTMENT  
LAKEWOOD CO 80215  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1990**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**23**

City & State

**27**

Zip

Country

**24**

**25**

Zip

Country

**29**

**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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **GIACHETTI, EDWARD J**  
STREET ADDRESS **14401 W 65TH WAY**  
CITY-ST-ZIP **ARVADA CO**

☐ DELETE

TITLE **VP**  
NAME **STEWART, RODGER**  
STREET ADDRESS **14401 W. 65TH WAY**  
CITY-ST-ZIP **ARVADA CO**

☐ DELETE

TITLE **V**  
NAME **POOL, WILLIAM**  
STREET ADDRESS **14401 W 65 WAY**  
CITY-ST-ZIP **ARVADA CO**

☐ DELETE

TITLE **AS**  
NAME **NEALE, MARILYN**  
STREET ADDRESS **14401 W 65 WAY**  
CITY-ST-ZIP **ARVADA CO**

☐ DELETE

TITLE **D**  
NAME **WAHLSTROM, MATS**  
STREET ADDRESS **1185 OAK ST**  
CITY-ST-ZIP **LAKEWOOD CO**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**AS**

**Lynn N. Meyer**

**1185 Oak Street**

**Lakewood, CO 80215**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Lynn N. Meyer* **Lynn N. Meyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(303) 205-2542

Daytime Phone #

CR2E034 (11/98)

COBE CARDIOVASCULAR, INC.  
OFFICERS

535389-40192-2

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<u>Name/Title</u>	<u>Business Address</u>
EDWARD J. GIACHETTI President	14401 W. 65th Way Arvada, CO 80004
RODGER STEWART Vice President	14401 W. 65 <sup>th</sup> Way Arvada, CO 80004
WILLIAM POOL Vice President	14401 W. 65th Way Arvada, CO 80004
DENNIS MAHONEY Vice President	14401 W. 65th Way Arvada, CO 80004
RALPH Z. LEVY, JR. Vice President and Secretary	5200 Maryland Way Suite 300 Brentwood, TN 37027
KEVIN M. SMITH Vice President and Treasurer	1185 Oak Street Lakewood, CO 80215
GEORGE GARCIA Controller and Asst. Treasurer	14401 W. 65th Way Arvada, CO 80004
SIMON CASTELLANOS Asst. Treasurer	1185 Oak Street Lakewood, CO 80215
BRUCE WINSOR Asst. Secretary	1185 Oak Street Lakewood, CO 80215
MARILYN NEALE Asst. Secretary	14401 W. 65th Way Arvada, CO 80004
LYNN N. MEYER Asst. Secretary	1185 Oak Street Lakewood, CO 80215

COBE CARDIOVASCULAR, INC.  
BOARD OF DIRECTORS

535 389-90192-7

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<u>Name</u>	<u>Business Address</u>
EDWARD J. GIACHETTI	14401 W. 65th Way Arvada, CO 80004
UGO GRONDELLI	Via Aldo Moro 1/A I-43035 (PR) Felino, Italy
RALPH Z. LEVY, JR.	5200 Maryland Way Suite 300 Brentwood, TN 37027
LIEF SMEBY	Magistratsvagan 16 Box 10101 S-220 10 Lund, Sweden
MATS WAHLSTRÖM	1185 Oak Street Lakewood, CO 80215
EDWARD C. WOOD, JR.	1201 Oak Street Lakewood, CO 80215
SOREN MELLSTIG	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden
MIKAEL LILUS	Incentive AB Hamngatan 2 S-10389 Stockholm Sweden
KEVIN M. SMITH	1185 Oak Street Lakewood, CO 80215