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 APR 24 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36555 (1)

1. Corporation Name
MN AMERICAN MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
11001 BREN RD E MINNETONKA MN 55343 US	219 E 42 STR NEW YORK NY 10017 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 06/06/1994
4. FEI Number: 41-0987230 ☐ 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

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 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BOOTH, DAVID	1.2 NAME		
STREET ADDRESS	11001 BREN ROAD EAST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	LUKAS, STEVE	2.2 NAME		
STREET ADDRESS	11001 BREN ROAD EAST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	S	☐ Change ☒ Addition
NAME	MUKULICH, MIKE	3.2 NAME	ROBERT ROSS	
STREET ADDRESS	11001 BREN ROAD EAST Delete	3.3 STREET ADDRESS	11001 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	MINNETONKA, MN	
TITLE	VP	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	THON, CLAUDE	4.2 NAME	PATRICIA BEITHON	
STREET ADDRESS	11001 BREN ROAD EAST Delete	4.3 STREET ADDRESS	11001 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	MINNETONKA, MN	
TITLE	VP	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	GETLIN, LARRY	5.2 NAME	ALLEN DERMAN	
STREET ADDRESS	11001 BREN ROAD EAST Delete	5.3 STREET ADDRESS	11001 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	MINNETONKA, MN	
TITLE	ST	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BERDAHL, JOHN	6.2 NAME	P. NIGEL GRAY	
STREET ADDRESS	1101 BREN ROAD, EAST Delete	6.3 STREET ADDRESS	11001 BREN ROAD EAST	
CITY-ST-ZIP	MINNETONKA MN	6.4 CITY-ST-ZIP	MINNETONKA, MN	

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 on an attachment with an address.

SIGNATURE: Allen Derman 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000444 FP