FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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 607.1008, 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, Type/Print Name and Capacity/Position of Signer) (NOTE: Registered Agent signature required when changing) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BOOTH, DAVID		12 NAME		
STREET ADDRESS	11001 BREN ROAD EAST		13 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LUKAS, STEVE		22 NAME		
STREET ADDRESS	11001 BREN ROAD EAST		23 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	ROSS, ROBERT		32 NAME		
STREET ADDRESS	11001 BREN ROAD EAST		33 STREET ADDRESS	235 E. 42 St.	
CITY-ST-ZIP	MINNETONKA MN		34 CITY-ST-ZIP	New York, NY 10017	
TITLE	AS	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BEITHON, PATRICIA		42 NAME		
STREET ADDRESS	11001 BREN ROAD EAST		43 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		44 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	DERMAN, ALLEN		52 NAME		
STREET ADDRESS	11001 BREN ROAD EAST		53 STREET ADDRESS	235 E. 42 St.	
CITY-ST-ZIP	MINNETONKA MN		54 CITY-ST-ZIP	New York, NY 10017	
TITLE	D	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	GRAY, P. NIGEL		62 NAME		
STREET ADDRESS	1101 BREN ROAD, EAST		63 STREET ADDRESS	235 E. 42 St.	
CITY-ST-ZIP	MINNETONKA MN		64 CITY-ST-ZIP	New York, NY 10017	

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: [signature] 1/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director Phone #

CR2E034 (12/95)