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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
11001 BREN RD E
MINNETONKA MN 55343
US

Mailing Address
219 E 42 STR
NEW YORK NY 10017-5701
US

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 235 E. 42 St.

22 City & State

27 26 Fl.

23 Zip

Country

28 NY, NY

Country

24

25

29 10017

30 USA

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

10. Name and Address of New Registered Agent

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

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 type for printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BOOTH, DAVID
STREET ADDRESS 11001 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME LUKAS, STEVE
STREET ADDRESS 11001 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME ROSS, ROBERT
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NEW ORK NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS
NAME BEITHON, PATRICIA
STREET ADDRESS 11001 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME DERMAN, ALLEN
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NEW YORK NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GRAY, P. NIGEL
STREET ADDRESS 235 E 42ND ST
CITY-ST-ZIP NEW YORK NY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800002077988
-02/05/97--01032--008
***165.00

1/16/96

CR2E034 (9/96)