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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:04

DOCUMENT # P36815 (9)

1. Corporation Name
DURR MEDICAL CORPORATION

Principal Place of Business	Mailing Address
301 BROWN SPRINGS. ROAD MONTGOMERY AL 36117 US	P.O. BOX 244008 MONTGOMERY AL 36124-4008 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 63-1053562	☐ 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	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~ENGLE, PHILLIP~~	1.2 NAME	STEFFENSEN, DWIGHT A.	
STREET ADDRESS	4000 METROPOLITAN DIRVE	1.3 STREET ADDRESS	4000 METROPOLITAN DR	
CITY-ST-ZIP	ORANGE CA	1.4 CITY-ST-ZIP	ORANGE CA	
TITLE	ASD	2.1 TITLE		☐ Change ☐ Addition
NAME	SAWDEI, MILAN A.	2.2 NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA	2.4 CITY-ST-ZIP		
TITLE	VPT	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMITT, ERIC	3.2 NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STEFFENSEN, DWIGHT	4.2 NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORNAGE CA	4.4 CITY-ST-ZIP		
TITLE	EVP	5.1 TITLE		☐ Change ☐ Addition
NAME	DIMICK, NEIL F.	5.2 NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: E J Schmitt ERIC J. SCHMITT VP FIN/TREASURER 2-6-95 (714)835-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465887 FP