

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39335

1. Entity Name

MEDELA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90056 043 ***150.00

Principal Place of Business

Mailing Address

4610 PRIME PARKWAY
P. O. BOX 660
MCHENRY IL 60050
US

4610 PRIME PARKWAY
P. O. BOX 660
MCHENRY IL 60051-0660

2. Principal Place of Business

1101 Corporate Drive

3. Mailing Address c/o J. P. DellaMaria

Rothschild, Barry & Myers

Suite, Apt. #, etc.

Suite, Apt. #, etc.

55 W. Monroe, Suite 3900

City & State

McHenry, IL

City & State

Chicago, IL

4. FEI Number

36-3098932

Applied For

Not Applicable

Zip

60050

Country

USA

Zip

60603

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS TANNER, URS
CITY-ST-ZIP 4610 PRIME PARKWAY
MCHENRY IL 60050

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1101 Corporate Drive
CITY-ST-ZIP McHenry, IL 60050

TITLE ☐ Delete
NAME D
STREET ADDRESS LARSSON, MICHAEL
CITY-ST-ZIP 4610 PRIME PARKWAY
MCHENRY IL 60050

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1101 Corporate Drive
CITY-ST-ZIP McHenry, IL 60050

TITLE ☐ Delete
NAME S
STREET ADDRESS DELLA MARIA, JOSEPH P JR.
CITY-ST-ZIP 55 WEST MONROE ST.
CHICAGO IL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 55 West Monroe Street, Suite 3900
CITY-ST-ZIP Chicago, IL 60603

TITLE ☐ Delete
NAME D
STREET ADDRESS RUDOLF, KURT
CITY-ST-ZIP LATTICHSTRASSE 4 6340
BAAR SW

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS GRAVEMAN, ROBERT
CITY-ST-ZIP 4610 PRIME PARKWAY
MCHENRY IL 60050

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Grauman, Robert
CITY-ST-ZIP 1101 Corporate Drive
McHenry, IL 60050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

312-372-2345

Daytime Phone #