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Apr 25 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 # P39364

(5)

1. Corporation Name
HEART TECHNOLOGY, INC.



Principal Place of Business
17425 NE UNION HILL RD
REDMOND WA 98052
US

Mailing Address
17425 NE UNION HILL RD.
REDMOND WA 98052-3375
US

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|--|--|
| 3. Date Incorporated or Qualified 06/23/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 91-1396933 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 ONE BOSTON SCIENTIFIC PLACE |
| 22 City & State | 27 ATTN: CORPORATE TAX DEPT. |
| 23 City & State | 28 NATICK, MA |
| 24 Zip | 29 01760 |
| 25 Country | 30 Country |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301 | 10. Name and Address of New Registered Agent |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

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 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PETE NICHOLAS | 1.2 NAME | MICHAEL BERMAN |
| STREET ADDRESS | ONE BOSTON SCIENTIFIC PLACE | 1.3 STREET ADDRESS | ONE SCIMED PLACE |
| CITY-ST-ZIP | NATICK MA | 1.4 CITY-ST-ZIP | MAPLEGROVE, MN 55311 |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL SANDMAN | 2.2 NAME | |
| STREET ADDRESS | ONE BOSTON SCIENTIFIC PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NATICK MA | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INTLEKOFER, MICHAEL J. | 3.2 NAME | |
| STREET ADDRESS | 17425 NE UNION HILL RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | REDMOND WA | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | Y/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARRY BEST | 4.2 NAME | LAWRENCE C. BEST |
| STREET ADDRESS | ONE BOSTON SCIENTIFIC PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NATICK MA | 4.4 CITY-ST-ZIP | |
| TITLE | VT <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCOTT, WILLIAM L. | 5.2 NAME | JANET M. MCHUGH |
| STREET ADDRESS | 17425 NE UNION HILL RD. | 5.3 STREET ADDRESS | ONE BOSTON SCIENTIFIC PLACE |
| CITY-ST-ZIP | REDMOND WA | 5.4 CITY-ST-ZIP | NATICK, MA 01760-1537 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | DIRECTOR OF TAXES |
| NAME | | 6.2 NAME | LAWRENCE R. NEUMANN |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ONE BOSTON SCIENTIFIC PLACE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | NATICK, MA 01760-1537 |

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, changed, or in an attachment with an address.

SIGNATURE: LAWRENCE R. NEUMANN DIRECTOR OF TAXES 4-25-97 508-650-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)