

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 29 PM 6:42

DOCUMENT # P41057

(1)

1. Corporation Name

BOSTON SCIENTIFIC CORPORATION

Principal Place of Business

**480 PLEASANT STREET
WATERTOWN MA 02172**

Mailing Address

**480 PLEASANT STREET
WATERTOWN MA 02172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

03/15/1994

4. FEI Number

04-2695240

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

21 One Boston Scientific Place

2a. Mailing Address

26 One Boston Scientific Place

State, Apt. #, etc

State, Apt. #, etc

City & State

23 Natick, MA

City & State

28 Natick, MA

Zip

Country

24 01760

Zip

Country

29 01760

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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) (Name) of person named as registered agent and their representative

(Signature) (Name) of person named as registered agent and their representative

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PCD**
NAME **NICHOLAS, PETER M.**
STREET ADDRESS **One Boston Scientific Place**
CITY, ST, ZIP **Natick, MA 01760**

TITLE **CCD**
NAME **ABELE, JOHN E.**
STREET ADDRESS **One Boston Scientific Place**
CITY, ST, ZIP **Natick, MA 01760**

TITLE **D**
NAME **CIFFOLLO, JOSEPH A.**
STREET ADDRESS **One Boston Scientific Place**
CITY, ST, ZIP **Natick, MA 01760**

TITLE **V**
NAME **BEST, LAWRENCE C.**
STREET ADDRESS **One Boston Scientific Place**
CITY, ST, ZIP **Natick, MA 01760**

TITLE **SVPS**
NAME **SANDMAN, PAUL W**
STREET ADDRESS **One Boston Scientific Place**
CITY, ST, ZIP **Natick, MA 01760**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), 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 liquidator 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

Date

Signature Number

3/23/95

(545) 650-8000