
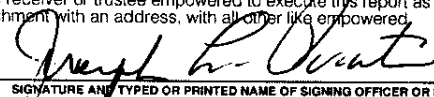


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 049 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P93000021572 1. Entity Name CORDIS NEUROVASCULAR, INC. | | | |  | |
| Principal Place of Business 14740 NW 60 AVE MIAMI LAKES, FL 33014 US | | | Mailing Address P.O. BOX 025700 MIAMI, FL 33102 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0417542 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CT-CORPORATION SYSTEMS 1200 S PINE ISLAND RD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPTA FOWLER, THOMAS 14201 NW 60 AVE MIAMI LAKES, FL 33014 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT PRATI, J L 14201 N W 60th AVE. MIAMI LAKES, FL 33014 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS COLLINS, HENRY 14201 NW 60 AVE MIAMI LAKES, FL 33014 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MCCORMICK, B ONE JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ROTH, E 14201 N W 60th AVE. MIAMI LAKES, FL 33014 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  VPT | | | Date: 4/26/04 Daytime Phone #: 186-313-8900 | | |