

2002 UNIFORM BUSINESS REPORT (UBR)

0278601 AV

DOCUMENT # P95000040666

1. Entity Name
STRATASYS CORPORATION

FILED

02 APR 23 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10700 NORTH KENDALL DRIVE
4 FLOOR
MIAMI FL 33176
US

Mailing Address
10700 NORTH KENDALL DRIVE
4 FLOOR
MIAMI FL 33176
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0581662		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CANTOR, HOWARD 10700 N. KENDALL DRIVE 4 FLOOR MIAMI FL 33176				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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTOR, HOWARD			NAME			
STREET ADDRESS	10700 NORTH KENDALL DRIVE 4 FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	PARLA PIANO, DOMINICK V		
STREET ADDRESS				STREET ADDRESS	10700 NORTH KENDALL DR 4 FLOOR		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI FL 33176		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

2/18/02 305 777 1111
Date Daytime Phone #

CR2E034 (9/01)