

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90021 007 ***150.00

DOCUMENT # P95000056736

1. Entity Name
MINIMED WHOLESALE CO.

Principal Place of Business
12744 SAN FERNANDO ROAD
SYLMAR CA 91342
US

Mailing Address
12744 SAN FERNANDO ROAD
SYLMAR CA 91342
US

2. Principal Place of Business
18000 Devonshire St.

3. Mailing Address
18000 Devonshire St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Northridge, CA 91325

City & State
Northridge, CA 91325

Zip Country
U.S.A.

Zip Country
U.S.A.

4. FEI Number **65-0595507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
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, 2001 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 **P/D**
STREET ADDRESS **TERRANCE, GREGG H**
CITY-ST-ZIP **12744 SAN FERNANDO ROAD**
SYLMAR CA 91344

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18000 Devonshire St.**
CITY-ST-ZIP **Northridge, CA 91325**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **KENTOR, ERIC S**
CITY-ST-ZIP **12744 SAN FERNANDO ROAD**
SYLMAR CA 91344

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18000 Devonshire St.**
CITY-ST-ZIP **Northridge, CA 91325**

TITLE ☐ Delete
NAME **V/D**
STREET ADDRESS **SAYER, KEVIN R**
CITY-ST-ZIP **12744 SAN FERNANDO ROAD**
SYLMAR CA 91344

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18000 Devonshire St.**
CITY-ST-ZIP **Northridge, CA 91325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

ERIC KENTOR

4-3-01

Date

(800) 933-3322

Daytime Phone #

CR2E034 (10/00)