

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000085941**

1. Entity Name

MINIMED PHARMACEUTICAL MANUFACTURING, INC.

Principal Place of Business

12744 SAN FERNANDO ROAD
SYLMAR CA 91342

Mailing Address

12744 SAN FERNANDO ROAD
SYLMAR CA 91342

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

65-0705602

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when changing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME	P/D TERRANCE, GREGG H	☐ Delete
STREET ADDRESS	12744 SAN FERNANDO ROAD	
CITY-ST-ZIP	SYLMAR CA 91344	
TITLE NAME	VSD KENTOR, ERIC S	☐ Delete
STREET ADDRESS	12744 SAN FERNANDO ROAD	
CITY-ST-ZIP	SYLMAR CA 91344	
TITLE NAME	V/D SAYER, KEVIN R	☐ Delete
STREET ADDRESS	12744 SAN FERNANDO ROAD	
CITY-ST-ZIP	SYLMAR CA 91344	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	18000 Devonshire St.	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	18000 Devonshire St.	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	18000 Devonshire St.	
CITY-ST-ZIP	Northridge, CA 91325	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	800004466808	
CITY-ST-ZIP	-07/10/01--01021--011	
	****450.00 ****150.00	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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

Domestic Phone #

CRZED04 (1000)



DO NOT WRITE IN THIS SPACE

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