

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90091 028 ***150.00

DOCUMENT # F01000003037

1. Entity Name
GAMBRO SUPPLY CORP.

Principal Place of Business
**7329 WEST OAKLAND PARKWAY
 LAUDERHILL FL 33319**

Mailing Address
**10810 W. COLLINS AVE.
 LAKEWOOD CO 80215**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1287600

Applied For

Not Applicable

Zip

Country **US**

Zip

Country **US**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEW, LARRY 10810 W. COLLINS AVENUE LAKEWOOD CO 80215-4439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONNEN, GREGG 10810 W. COLLINS AVE. LAKEWOOD CO 80215-4439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMBO, KATHLEEN 10810 W. COLLINS AVE. LAKEWOOD CO 80215-4439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SUNDOCK, JON 5200 VIRGINIA WAY BRENTWOOD TN 37027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, KEVIN 10810 W. COLLINS AVENUE LAKEWOOD CO 80215-4439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEYER, LYNN 10810 WEST COLLINS AVENUE LAKEWOOD CO 80215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-11-2002** Daytime Phone # **303.232.6800**

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0613716 AT

DOCUMENT # **F01000003037**

1. Entity Name
GAMBRO SUPPLY CORP.

COPY

358173

Principal Place of Business
**7329 WEST OAKLAND PARKWAY
LAUDERHILL FL 33319**

Mailing Address
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LAKEWOOD CO 80215**



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Suite, Apt. #, etc.

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City & State

City & State

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Zip Country
US

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SIGNATURE: *[Signature]* **04-11-2002** **303.232.6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



Attachment 358173

April 17, 2002

Gambro, Inc.
Legal Department
10810 West Collins Avenue
Lakewood, Colorado 80215-4439
USA

Divisions of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

barbara.harkey@us.gambro.com
Tel: (303) 232-6800
Direct Tel: (303) 231-4523
Fax: (303) 205-2519

Subject: Gambro Supply Corp. – Document No. F01000003037

Dear Sir or Madam:

Enclosed for the filing on behalf of the above-referenced company is the 2002 Uniform Business Report form. Our check no. 552591 in the amount of \$150.00 as filing fee is also enclosed.

Upon completion of this filing, please date stamp the enclosed copy of the 2002 Uniform Business Report form for the referenced company and return to our office in the enclosed prepaid, self-addressed envelope.

If you have any questions, please contact the undersigned at 1-800-525-2623, extension 4523.

Very truly yours,

Barbara Harkey
Executive Secretary
Legal Department

Enclosures