## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # F01000003037 1. Entity Name 05-02-2002 90091 028 \*\*\*150.00 GAMBRO SUPPLY CORP. Mailing Address Principal Place of Business 7329 WEST OAKLAND PARKWAY 10810 W. COLLINS AVE. LAUDERHILL FL 33319 LAKEWOOD CO 80215 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 62-1287600 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code , City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME **BUCKELEW, LARRY** STREET ADDRESS STREET ADDRESS 10810 W. COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80215-4439 ☐ Addition Change ☐ Delete TITLE TITLE **VPD** NAME NAME SONNEN, GREGG STREET ADDRESS STREET ADDRESS 10810 W. COLLINS AVE. CITY-ST-7IP CITY-ST-ZIP LAKEWOOD CO 80215-4439 ☐ Change Addition ☐ Delete TITLE TITLE PD NAME NAME .... RAMBO, KATHLEEN. STREET ADDRESS STREET ADDRESS 10810 W. COLLINS AVE. CITY-ST-ZIP CITY-ST-7IP LAKEWOOD CO 80215-4439 TITLE Change ■ Addition TITLE Delete AS NAME NAME SUNDOCK, JON STREET ADDRESS STREET ADDRESS 5200 VIRGINIA WAY CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37027** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME SMITH, KEVIN STREET ADDRESS STREET ADDRESS 10810 W. COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80215-4439 TITLE ☐ Change ☐ Addition ☐ Delete TITLE AS NAME NAME MEYER, LYNN STREET ADDRESS STREET ADDRESS 10810 WEST COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80215

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-200Z

303,232,6800

FILED

200	2 UNIFORM BUS	SINESS-REPO	RT	(UBR)	1 Hachmont	
DOCUMENT # F0100003037  1. Entity Name  GAMBRO SUPPLY CORP:  C C					PY 358173	
7329 WEST OAKLAND PARKWAY		Mailing Address 10810 W. COLLINS AVE. ŁAKEWOOD CO 80215	10810 W. COLLINS AVE.			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 62-1287600 Applied For Not Applicable	
Zip	Couptry	Zip	Coun	йs	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent - *		·	7:- Name and 'Address' of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name Street Addre	tress (P.O. Box Number is Not Acceptable)	
	ė			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or reg	egistered agent, or both, in the State of Florida.	
Tax filing	Signature, typed or printed name of registered age or attion is eligible to satisfy its Intangib requirement and elects to do so, ria on back)	The second secon	III FEE	IS \$150.00 will be \$550.	Trust Fund Contribution Added to Fees	
11.	OFFICERS ANI	The second secon	12.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP	D BUCKELEW, LARRY 10810 W. COLLINS AVENUE	☐ Delete			Change Addition	
TITLE  IAME  TREET ADDRESS  TTY-ST-ZIP	VPD SONNEN, GREGG 10810 W. COLLINS AVE. LAKEWOOD CO 80215-4439	☐ Defete .	TITLE NAME STREE		Change Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	PD RAMBO, KATHLEEN 10810 W. COLLINS AVE. LAKEWOOD CO 80215-4439	☐ Delete	TITLE NAME STREE		Change Addition	
TITLE IAME STREET ADDRESS STY-ST-ZIP	AS SUNDOCK, JON 5200 VIRGINIA WAY BRENTWOOD TN 37027	☐ Delete		T ADDRESS ST-ZiP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	TD SMITH, KEVIN 10810 W. COLLINS AVENUE LAKEWOOD CO 80215-4439	☐ Defete		T ADDRESS ST-ZIP	Change Addition	
ITLE IAME ITREET ADDRESS IITY-ST-ZIP	AS MEYER, LYNN 10810 WEST COLLINS AVENUE LAKEWOOD CO 80215	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	pertify that the information supplied wit	is true and accurate and that no powered to execute this report	ny sionatu	ire shall have t	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.11.2002 303.232.6800 Date Dating Phone 4



AHaChmen F 2508.173.

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 <u>copy of the 2002 Uniform Business</u> 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