

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004113

**Entity Name:** BARD PERIPHERAL VASCULAR, INC.

**Current Principal Place of Business:**

1415 WEST THIRD STREET  
SUITE 109  
TEMPE, AZ 85281

**FILED**  
**Apr 11, 2015**  
**Secretary of State**  
**CC6324325492**

**Current Mailing Address:**

1415 WEST THIRD STREET  
SUITE 109  
TEMPE, AZ 85281 US

**FEI Number: 86-0290297**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMSON, STEVEN S.  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title            VP, TREASURER  
Name            LOWRY, SCOTT T.  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            BEASLEY, JIM C.  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            HOLLAND, CHRISTOPHER S.  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            WEILAND, JOHN H.  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title            VP, SECRETARY, DIRECTOR  
Name            KHICHI, SAMRAT S  
Address        1415 WEST THIRD STREET  
                 SUITE 109  
City-State-Zip: TEMPE AZ 85281

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SAMRAT S.KHICHI**

**SECRETARY**

**04/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date