

2016 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
Mar 28, 2016
Secretary of State
CC7486256429

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

Title 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

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: SCOTT T. LOWRY

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date