2018 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

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

FILED Apr 04, 2018

Secretary of State

CC3029081747

Officer/Director Detail:

Title ٧P Title DIRECTOR

CUETO, HERMAN VICTOR BEDNO, REBECCA Name Name

Address 1415 WEST THIRD STREET Address 1415 WEST THIRD STREET

SUITE 109 **SUITE 109**

TEMPE AZ 85281 TEMPE AZ 85281 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

LASALA, JOSEPH Name DEFAZIO, GARY Name

1415 WEST THIRD STREET 1415 WEST THIRD STREET Address Address SUITE 109

SUITE 109

TEMPE AZ 85281 TEMPE AZ 85281 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title **SECRETARY** GROETELAARS, JOHN P. Name Name DEFAZIO, GARY

1415 WEST THIRD STREET 1415 WEST THIRD STREET Address Address

> SUITE 109 **SUITE 109**

TEMPE AZ 85281 TEMPE AZ 85281 City-State-Zip: City-State-Zip:

Title **TREASURER**

Address

Name GALLAGHER, JOHN

SUITE 109

1415 WEST THIRD STREET

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.

04/04/2018 SIGNATURE: HERMAN VICTOR CUETO VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date