

**2021 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'BRIEN, PADRAIC  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

Title            VICE PRESIDENT & TREASURER  
Name            RODETIS, GREG  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

Title            VP  
Name            SPOEREL, THOMAS  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

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

Title            VICE PRESIDENT & SECRETARY  
Name            DEFAZIO, GARY  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

Title            VP  
Name            SEGRETO, ANTOINETTE  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            LASALA, JOSEPH  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            DEFAZIO, GARY  
Address        1415 WEST THIRD STREET, SUITE 109  
  
City-State-Zip: TEMPE AZ 85281

**Continues on page 2**

*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: THOMAS SPOEREL**

**VICE PRESIDENT**

**04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BEDNO, REBECCA  
Address 1415 WEST THIRD STREET, SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title ASSISTANT TREASURER  
Name FROST, LAURA  
Address 1415 WEST THIRD STREET, SUITE 109  
City-State-Zip: TEMPE AZ 85281

Title ASSISTANT SECRETARY  
Name LASALA, JOSEPH  
Address 1415 WEST THIRD STREET, SUITE 109  
City-State-Zip: TEMPE AZ 85281