

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 10 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1997

DOCUMENT # F92000000208 (0)
 1. Corporation Name
STAODYN, INC.



Principal Place of Business
**1225 KEN PRATT BLVD.
 LONGMONT CO 80501
 US**

Mailing Address
**P.O. BOX 1379
 LONGMONT CO 80502-1379**

3. Date Incorporated or Qualified 11/12/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 84-0684224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	GIBSON, W B	
STREET ADDRESS	1288 FOXHILL DRIVE	
CITY-ST-ZIP	LONGMONT CO 80501	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FENSTERMAKER, JOHN L	
STREET ADDRESS	1228 FOX HILL DRIVE	
CITY-ST-ZIP	LONGMONT CO 80501	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	NEWMAN, MICHAEL J	
STREET ADDRESS	700 CASCADE STREET	
CITY-ST-ZIP	BOULDER CO 80302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AYERS, FREDERICK H	
STREET ADDRESS	475 S. 68TH STREET	
CITY-ST-ZIP	BOULDER CO 80303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSSON, MARGARET S	
STREET ADDRESS	2220 NORWOOD AVENUE	
CITY-ST-ZIP	BOULDER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STORMO, ALAN C M.D.	
STREET ADDRESS	3733 WONDERLAND HILL AVENUE	
CITY-ST-ZIP	BOULDER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SEE ATTACHED
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Newman* **VP - Fin. & Admin.** 3/21/97 303-772-3631
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

CONFIDENTIAL LIST

OFFICERS

**STADYN, INC.
1225 KEN PRATT BOULEVARD
P.O. BOX 1379
LONGMONT, COLORADO 80502-1379**

**John L. Fenstermaker
Vice President - Operations
(303) 651-5505**

**Michael J. Newman
Vice President - Finance & Administration,
Corporate Secretary
(303) 651-5530**

**John R. South
President & Chief Executive Officer
(303) 651-5525**



Stadyn, Inc.
1225 Ken Pratt Boulevard
P.O. Box 1379
Longmont, CO, USA 80502-1379

(303) 772-3631
FAX: (303) 651-0266

CONFIDENTIAL LIST / BOARD OF DIRECTORS

	<u>Name</u>	<u>Business Address</u>	<u>Birthdate</u>
1.	Fred H. Ayers	475 South 68th Street Boulder, CO 80303	09/19/39
2.	Patrick F. Crane	4453 Rustic Trail Boulder, CO 80301	08/17/46
3.	W. Bayne Gibson	1890 Red Cloud Road Longmont, CO 80501	12/26/24
4.	Margaret S. Hansson President	AquaLogic, Inc. 2220 Norwood Avenue Boulder, CO 80304	11/17/22
5.	John R. South President & CEO	Stadyn, Inc. 1225 Ken Pratt Boulevard P.O. Box 1379 Longmont, CO 80502-1379	06/25/40
6.	Alan C. Stormo, M.D.	PERSONAL 2617 Broadway Boulder, CO 80304	03/09/32