

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
 06-02-2000 90008 027 ***150.00

DOCUMENT # **017113**
 Entity Name
T2 Medical, Inc.

Principal Place of Business Mailing Address
1125 17th Street, Suite 2100 " "
Denver, CO 80202

103876

Principal Place of Business 3. Mailing Address ✓
 Suffix: Act. # etc. Suffix: Act. # etc.
 City & State City & State 4. FEI Number **59-2405366** Applied For / Not Applicable
 City Country City Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
~~**NRAI Services, Inc.**~~ Name
~~**526 E. Park Avenue**~~ Street Address (P.O. Box Number is Not Acceptable)
~~**Tallahassee, FL 32301**~~ City **FL** Zip Code

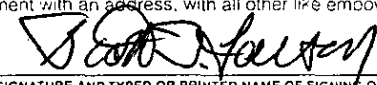
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Chief Executive Officer + President <input type="checkbox"/> Delete NAME Joseph D. Smith STREET ADDRESS 1125 S. Cedarcrest Blvd., #102 CITY-ST-ZIP Allentown, PA 18103	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Sr. Vice President <input type="checkbox"/> Delete NAME Perry A. Pernocchi STREET ADDRESS 100 S. Jefferson Road CITY-ST-ZIP Whippany, NJ 07981	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Senior VP, General Counsel + Secretary <input type="checkbox"/> Delete NAME Scott T. Larson STREET ADDRESS 1125 17th Street, Suite 2100 CITY-ST-ZIP Denver, CO 80202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Vice President + Treasurer <input type="checkbox"/> Delete NAME Scott R. Danitz STREET ADDRESS 1125 17th Street, Suite 2100 CITY-ST-ZIP Denver, CO 80202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Assistant Secretary <input type="checkbox"/> Delete NAME Robyn C. Taylor STREET ADDRESS 1125 17th Street, Suite 2100 CITY-ST-ZIP Denver, CO 80202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-28-2000** **303-292-4923**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)