

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90215 001 ***900.00

DOCUMENT # P17113

1. Entity Name
T2 MEDICAL, INC.

Principal Place of Business
**1125 17TH STREET
 STE. 2100
 DENVER CO 80202
 US**

Mailing Address
**1125 17TH STREET
 STE. 2100
 DENVER CO 80202
 US**

38735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2405366		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMARAL, DONALD J.		NAME	Allen J. Marabito	
STREET ADDRESS	844 TREEMONT COURT		STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	NASHVILLE TN		CITY-ST-ZIP	Denver, CO 80202	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RICHARD		NAME	Vito Ponzio, Jr.	
STREET ADDRESS	4280 STAR RANCH ROAD		STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	COLORADO SPRINGS FL 80906		CITY-ST-ZIP	Denver, CO 80202	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, SCOTT		NAME	David A. Schwab	
STREET ADDRESS	739 PARK DRIVE NE		STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	ATLANTA GA 30342		CITY-ST-ZIP	Denver, CO 80202	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Sr. VP, CFO and Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ROBYN		NAME	Scott R. Danitz	
STREET ADDRESS	15667 E QUINCY LANE		STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	AURORA CO 80015		CITY-ST-ZIP	Denver, CO 80202	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	VP, Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, WENDY L		NAME	Gerald, A. Reynolds	
STREET ADDRESS	1125 17TH STREET, STE. 2100		STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	Denver, CO 80202	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	VP, Reimbursements	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rodney Wright	
STREET ADDRESS			STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP			CITY-ST-ZIP	Denver, CO 80202	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: David A. Schwab **David A. Schwab, VP and Secretary** 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)