Please complete in typeso or in bold black capitals. CHFP001 Comp	ript, any Number	Annual Return	303a
Company	Name in full	MERIT MEDICAL UK LIMITED	
		<u> </u>	
Date of this return The information in this return is ma	de up to	Day Month Year	
Date of next return If you wish to make your next re to a date earlier than the annive of this return please show the of Companies House will then set at the appropriate time.	ersa r y late here.	13 11 /10 18 /12 10 10 13 Day Month Year □ □ / □ □ / □ □ □	
Registered Office Show here the address at the this return.	date of	20-22 Bedford Row	
Any change of registered office must be notified on form 287.	Post town County / Regio UK Postcod	London	
Principal business act	ivities		
Show trade classification code for the principal activity or acti		8514	L
If the code number cannot be give a brief description of prin		L	
		When you have completed and signed to	he form please send it to the



Form revised September 1999

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff
for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

CHAD 21/12/99

Register of members If the register of members is not kept at the	
registered office, state here where it is kept.	
Post town	
County / Region	UK Postcode
Register of Debenture holders If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept. Post town County / Region	UK Postcode
Company type	
Public limited company	
Private company limited by shares	X
Private company limited by guarantee without share capital	
Private company limited by shares exempt under section 30	Please tick the appropriate box
Private company limited by guarantee exempt under section 30	
Private unlimited company with share capital	
Private unlimited company without share capital	
Company Secretary	Dotails of a new company or rection with a state of the s
(Please photocopy this area to provide Name * Style / Title	Details of a new company secretary must be notified on form 288a.
details of joint sec- retaries).	
Forename(s) *Voluntary details.	
the names and	Comat Registrars Limited
addresses of the part- ners or the name of the partnership and	8 Gray's Inn Square
office address. Usual residential	Gray's Inn
Usual residential address must be Post town given. In the case of a	
corporation or a County / Region Scottish firm, give the	UK Postcode W C 1 R 5 J Q
registered or prin- cipal office address.	
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Directors Please list directors in alphabetical order.		Details of new directors must be notified on form 288a	
Name	* Style / Title	<u></u>	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	Day Month Year	
		1 7 10 4 11 9 5 1	
	Forename(s)	Darla Rae	
	Surname	[Gill	
Addres	ss	Mosalunet 160 F	
Usual residential		6221 JM	
address must be given. In the case of a corporation or a	Post town	Maastricht	
Scottish firm, give the registered or principal	County / Region	UK Postcode	
office address.	Country	Netherlands Nationality USA	
Busin	ess occupation	Executive Vice-President	
* Voluntary details.			
* Voluntary details.	* * Style / Title		
Name Directors In the case of a director that	e * Style / Title	L Day Month Year	
Name Directors In the case of a director that is a corporation or a Scottish firm, the name is the corpo-	* Style / Title Date of birth	Day Month Year	
Name Directors In the case of a director that is a corporation or a Scottish firm, the	Date of birth	Day Month Year	
Name Directors In the case of a director that is a corporation or a Scottish firm, the name is the corpo-	Date of birth	Day Month Year 10 17 / 11 10 / 11 19 15 14 Kent Wayne	
Name Directors In the case of a director that is a corporation or a Scottish firm, the name is the corpo-	Date of birth Forename(s) Surname	Day Month Year 10 17 /11 10 /11 19 15 14 Kent Wayne	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name. Addr Usual residential address must be given. In the case of a	Date of birth Forename(s) Surname	Day Month Year 10 17 11 10 11 19 15 14 Kent Wayne Stanger 1600 West Merit Parkway	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name. Addr Usual residential address must be given. In the case of a corporation or a Scottish firm, give the	Date of birth Forename(s) Surname ress Post town	Day Month Year 10 17 11 0 11 9 5 14 Kent Wayne Stanger 1600 West Merit Parkway	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name. Addr Usual residential address must be given. In the case of a corporation or a	Date of birth Forename(s) Surname	Day Month Year 10 17 11 0 11 9 5 14 Kent Wayne Stanger 1600 West Merit Parkway South Jordan	

List of past and present shareholders Schedule to form 363a

Company N	lumber	3001008

Company Name in full	MERIT MEDICAL UK LIMITED
-	Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year You must provide a "full list" of all the company shareholders on: The company's first annual return following incorporation; Every third annual return after a full list has been provided
>	List the company shareholders in alphabetical order or provide an inde: List joint shareholders consecutively

	Class and	Shares or amount of stock transferred	
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name Merít Holdings Limíted	£1 Ord 100		
Address 69 Fitzwilliam Square			
Dublin 2 Lireland			
UK Postcode LLLLLL			
Name			
Address			
L			
UK Postcode LLLLLL			
Name			
Address			
L			
L			
UK Postcode L L L L L L			

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Issued share capitalEnter details of all the shares in issue at the date of this return.

Class (e.g. Ordinary/Preference)

Number of shares issued

Aggregate
Nominal Value
(i.e Number of shares issued
multiplied by nominal value per
share, or total amount of stock)

	Ordinary Shares of £1	100	£100
	L L_		
	<u> </u>		
	LL		
	Totals	100	£100
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes in	the period	
returns.	A list of changes is enclose		another format
	A full list of shareholders is	s enclosed X	
Certificate	I certify that the information knowledge and belief.	on given in this return is tru	ue to the best of my
Signe	Darlak	Date	31/8/03
† Please delete as appropriate	† a director / secretary		
When you have signed the return send with the fee to the Registrar of Compani Cheques should be made payable Companies House.	es. I nis return includes	continu (enter number)	uation sheets.
Please give the name, address, telephone number, and if available,	Deloitte & Touche LLP		
a DX number and Exchange, for the person Companies House should	PO Box 506, 180 Strand		
contact if there is any query.	London, WC2R 1ZP	Tel _ Ref:CHAPMA	N/MYH*
	DX number	DX exchange	

3001008