

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

Terumo BCT, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1059817**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10811 W COLLINS AVE

CITY/ST/ZIP: LAKEWOOD, CO 80215

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID PEREZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	10811 W COLLINS AVE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	MARK BISHOP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	RAYMOND P GOODRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10810 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	DAVE HANLON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10810 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	MARK HOLMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	TOM JORDAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10810 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		

NAME:	CRAIG RINEHARDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	SCOTT FROEHLICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	TIM STRONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	SCOTT T LARSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10811 W COLLINS AVE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	RUSSELL B SPINNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	MARK INGEBRITSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	STACEY J KIRKLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF ADMIN OFR		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	JOHN MERKLING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10810 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	BETSY REAGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10810 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	ERIK J VELAPOLDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10811 W. COLLINS AVENUE		
CITY/ST/ZIP/CO:	LAKEWOOD, CO 80215		
NAME:	Palani Palaniappan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. Vice Presid		
ADDRESS:	10811 W. Collins Ave		
CITY/ST/ZIP/CO:	Lakewood, CO 80215		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SCOTT T LARSON	SCOTT T LARSON, SECRETARY	11/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		