

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Colfax Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1331067**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8170 MAPLE LAWN BLVD. SUITE 180

CITY/ST/ZIP: FULTON, MD 20759

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.

<p>NAME: STEVEN SIMMS TITLE: PRES/CEO ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK PAUL LEHMAN TITLE: VP/SR. COUNSEL ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Anne Lynne PUCKETT TITLE: SVP, /Sec/GC ADDRESS: 8170 MAPLE LAWN BLVD, STE. 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Charles Scott BRANNAN TITLE: CFO/SVP/Treas ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MITCHELL P RALES TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD, STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PATRICK W ALLENDER TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: THOMAS S. GAYNER TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RHONDA L. JORDAN TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Clay Huston KIEFABER TITLE: DIRECTOR ADDRESS: 8170 MAPLELAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAM W. ORR, III TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: A. CLAYTON PERFALL TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAJIV VINNAKOTA TITLE: DIRECTOR ADDRESS: 8170 MAPLE LAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ MARK PAUL LEHMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK PAUL LEHMAN, VP/SR. COUNSEL PRINTED NAME AND CORPORATE TITLE	1/29/2014 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.		