

1.) CORPORATION NAME:

Thoratec Corporation

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1354424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6035 STONERIDGE DR

CITY/ST/ZIP: PLEASANTON, CA 94588

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY BURBACH	
TITLE:	P/CEO	
ADDRESS:	6035 STONERIDGE DR	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TAYLOR C HARRIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	6035 STONERIDGE DRIVE	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID A LEHMAN	
TITLE:	SECRETARY	
ADDRESS:	6035 STONERIDGE DRIVE	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J. DANIEL COLE	
TITLE:	DIRECTOR	
ADDRESS:	6035 STONERIDGE DR	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN H COLLIS	
TITLE:	DIRECTOR	
ADDRESS:	6035 STONERIDGE DR	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NEIL F DIMICK	
TITLE:	DIRECTOR	
ADDRESS:	6035 STONERIDGE DR.	
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588	

NAME: D KEITH GROSSMAN TITLE: DIRECTOR ADDRESS: 6035 STONERIDGE DR CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM A HAWKINS TITLE: DIRECTOR ADDRESS: 6035 STONERIDGE DRIVE CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL A LAVIOLETTE TITLE: DIRECTOR ADDRESS: 6035 STONERIDGE DR CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL M MULVENA TITLE: DIRECTOR ADDRESS: 6035 STONERIDGE DR CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD SCHERMERHORN TITLE: DIRECTOR ADDRESS: 6035 STONERIDGE DRIVE CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<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/ TAYLOR C HARRIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TAYLOR C HARRIS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2014 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.		