

1.) CORPORATION NAME:

Biomat USA, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1514605**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2410 LILLYVALE AVE

CITY/ST/ZIP: LOS ANGELES, CA 90032

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: SHINJI WADA TITLE: CEO/P ADDRESS: 2410 LILLYVALE AVE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHERYL LAWRENCE TITLE: SECRETARY ADDRESS: 2410 LILLYVALE AE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID I BELL TITLE: CHAIRMAN ADDRESS: 2410 LILLY VALE AVE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VICTOR GRIFOLS TITLE: DIRECTOR ADDRESS: AVINGUDA DE LA GENERALITAT, 152 CITY/ST/ZIP/CO: SANT CUGAT DEL VALLES, BRCLNA 08174, ES</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GREGORY RICH TITLE: DIRECTOR ADDRESS: 2410 LILLYVALE AVE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JUAN IGNACIO TBOSE TITLE: DIRECTOR ADDRESS: AVINGUDA DE LA GENERALITAT, 152 CITY/ST/ZIP/CO: SANT CUGAT DEL VALLES, BRCLNA 08174, ES</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAVIER JORBA TITLE: DIRECTOR ADDRESS: AVINGUDA DE LA GENERALITAT, 152 CITY/ST/ZIP/CO: SANT CUGAT DEL VALLES, BRCLNA 08174, ES	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TOMAS DAGA TITLE: DIRECTOR ADDRESS: PLANTA 20, AVENIDA DIAGONAL, 477 TRRE DE BRCL CITY/ST/ZIP/CO: BARCELONA, BRCLNA E-08036, ES	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RAMON RIERA TITLE: DIRECTOR ADDRESS: AVINGUDA DE LA GENERALITAT, 152 CITY/ST/ZIP/CO: SANT CUGAT DEL VALLES, BRCLNA 08174, ES	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MAXIME PAUL DE BROUWER TITLE: TREASURER ADDRESS: 2410 LILLYVALE AVENUE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID CHARLES PIERCE TITLE: ASST SECRETARY ADDRESS: 2410 LILLYVALE AVENUE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032	<input checked="" type="checkbox"/> OFFICER <input 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/ DAVID CHARLESPIERCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID CHARLESPIERCE, PRINTED NAME AND CORPORATE TITLE	5/14/2012 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.		