

1.) CORPORATION NAME:

Sorin Group USA, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1716036**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14401 W. 65th Way

CITY/ST/ZIP: Arvada, CO 80004

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.

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| NAME: Sean McNerney TITLE: PRESIDENT ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Shelby Peralta TITLE: VICE PRESIDENT ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TAYLOR POLLOCK TITLE: SECRETARY ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Dwayne Kowaliuk TITLE: TREASURER ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Barbara Zamora TITLE: ASST SECRETARY ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Giulio Cordano TITLE: DIRECTOR ADDRESS: 14401 W. 65th Way CITY/ST/ZIP/CO: Arvada, CO 80004 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|-----------------|-------------------|----------------------------------|--|
| NAME: | Jim Trevor | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 14401 W. 65th Way | | |
| CITY/ST/ZIP/CO: | Arvada, CO 80004 | | |

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.

| | | |
|---|---|-----------------|
| <u>/s/ Barbara Zamora</u> | <u>Barbara Zamora, ASST</u> | <u>6/7/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY 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.