

1.) CORPORATION NAME:

Sorin Group USA, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1716036**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFER	100,000

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.

<p>NAME: SEAN MCNERNEY TITLE: PRESIDENT ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHELBY PERALTA TITLE: VICE PRESIDENT ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DWAYNE KOWALIUK TITLE: TREASURER ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TAYLOR POLLOCK TITLE: SECRETARY ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BARBARA ZAMORA TITLE: ASST SECRETARY ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GIULIO CORDANO TITLE: DIRECTOR ADDRESS: 14401 W. 65TH WAY CITY/ST/ZIP/CO: ARVADA, CO 80004</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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>6/24/2015</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.