

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212520345

1.) CORPORATION NAME:

**Globus Medical, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1754664**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	659,178,636
PREFER	50,691,245

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2560 GENERAL ARMISTEAD AVE

CITY/ST/ZIP: AUDUBON, PA 19403

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.

NAME:	DAVID M DEMSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO/DIR		
ADDRESS:	2560 GENERAL ARMISTEAD AVE		
CITY/ST/ZIP/CO:	AUDUBON, PA 19403		
NAME:	DAVID D DAVIDAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREA/DIR		
ADDRESS:	2560 GENERAL ARMISTEAD AVE		
CITY/ST/ZIP/CO:	AUDUBON, GA 19403		
NAME:	DAVID C PAUL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO		
ADDRESS:	2560 GENERAL ARMISTEAD AVENUE		
CITY/ST/ZIP/CO:	AUDUBON, PA 19403		
NAME:	ROBERT W LIPTAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MEMORIAL DR STE 1230		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		
NAME:	KURT C WHEELER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 GATEWAY BLVD. SUITE 410		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		
NAME:	RICHARD BARON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2560 GENERAL ARMISTEAD AVE		
CITY/ST/ZIP/CO:	AUDUBON, PA 19403		

NAME:	DANIEL LEMAITRE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	136 HEBER AVENUE		
CITY/ST/ZIP/CO:	SUITE 204 PARK CITY, UT 84060		

NAME:	ANN D. RHOADS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12671 HIGH BLUFF DRIVE		
CITY/ST/ZIP/CO:	SUITE 200 SAN DIEGO, CA 92130		

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 D DAVIDAR	DAVID D DAVIDAR, SEC/TREA/DIR	5/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.