

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004705

Entity Name: BENVENUE MEDICAL, INC.**Current Principal Place of Business:**5403 BETSY ROSS DRIVE
SANTA CLARA, CA 95054-1162**Current Mailing Address:**5403 BETSY ROSS DRIVE
SANTA CLARA, CA 95054-1162 US**FEI Number:** 20-1997821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN ST STE 4
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DUSTER, LUKE
Address 1050 WALNUT STREET, SUITE 201
City-State-Zip: BOULDER CO 80302

Title D
Name HUKILL, NATE
Address 1050 WALNUT STREET, SUITE 201
City-State-Zip: BOULDER CO 80302

Title P
Name WEIGLE, ROBERT
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title SECRETARY
Name FENNELL, CHRIS
Address 650 PAGE MILL ROAD
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name REILLY, KEVIN
Address 375 PARK AVENUE #3701
City-State-Zip: NEW YORK NY 10152

Title DIRECTOR
Name THRAMANN, JEFFREY DR.
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054-1162

Title DIRECTOR
Name CHOPACK, JOHN JR.
Address 100 CONNELL DRIVE, SUITE 2300
City-State-Zip: BERKELEY HEIGHTS NJ 07922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT WEIGLE**CEO****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date