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(Requestor's Name)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

7 AUG 11 AN II:

COVER LETTER

TO:	Registration Se Division of Cor					
or in i	Endotron	•				
SUBJ	JECT:	Name o	of corporation	n - must	include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existence		of Good Sta	nding"	and check are sub	ct Business in Florida," omitted to register the
	e return all corresp Grimes Nichols	oondence concerni	ng this matte	er to the	following:	
			Name of	Person		
Endot	ronix, Inc.					
8608	Abbotsbury Ct.		Firm/Cor	npany		
-			Addı	ress		
Raleig	sh. NC 27615					
			City/State	and Zip	code	
olivia.	.nichols@endotroni					
		E-mail address	: (to be used	for futu	ire annual report i	notification)
For fu	irther information	concerning this m	atter, please	call:		
Olivia	Nichols		630 at (504	1-2861	
	Name of Perso	n	Area Co	/ de	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	S:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclo	sed is a check for	the following amo	ount:			
☐ \$7	0.00 Filing Fee	S78.75 Filing Certificate of			75 Filing Fee & fied Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Endotronix, Inc.			
(Enter name of co	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting l	business in Florida)
Delaware	3	6-0305050	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	·
(Date	(Date of duration, if other th	an perpetual)	
May 1, 2017			
·	(Date first transacted business in F		
815 Oaden Aven	(SEE SECTIONS 607.1501 & 607.1502 ue, Lisle, IL 60532	2, F.S., to determine penalty liability)
·	· · · · · · · · · · · · · · · · · · ·	-6	
	(Principal	office address)	17 SECF
	(Current mailing	address, if different)	AUG 11 ETARY 0 AHASSEE.
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	SEE, OF
Name:	Corporation Service Company		AH 11: 3()F SIATE , FLORIDA
Office Address:	1201 Hays Street	_	II: 30 IATE ORIDA
	Tallahassee	32301 , Florida	-
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Deb Reeves
Assistant Vice President

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Paul A. LaViolette Chairman: One Boston Place Address: _ Boston, MA 02108 n/a Vice Chairman: ___ Address: ____ Harry D. Rowland Director: 815 Ogden Avenue Address: Lisle, IL 60532 James J. Hummer Director: c/o Terry Fergus, FSM Capital, 6060 Parkland Blvd, Ste 100 Address: Cleveland, OH 44124 B. OFFICERS Harry D.Rowland President: 815 Ogden Avenue Address: Lisle, IL 60532 Vice President: _____ Address: ___ Daniel H. Follansbee Secretary: Mintz Levin, One Financial Center, Boston, MA 02111 Address: Treasurer: NOTE: Ungeessary from may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Harry D. Rowland, President and CEO

ATTACHMENT TO APPLICATION BY A FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Endotronix, Inc.

FEIN 26-0305050

11. A. Additional Directors:

	NAME	NUMBER & STREET	CITY	STATE	ZIP	COUNTRY
	Marc Goldberg	70 Walnut Street, Suite 302	Wellesley	MA	02481	USA
,	Gerry Brunk	303 Wyman Street, Suite 300	Waltham	MA	02451	USA
4	Robert Zeiserl	165 Maple Hill Road	Glencoe	IL	60022	USA
	Jennifer McMahon	6 Northbrook Road, Ranelagh	Dublin		6	Ireland

11. B. Additional Officers:

NAME	Title	NUMBER & STREET	CITY	STATE	ZIP	COUNTRY
Michael L.	Chief Operations	815 Ogden Avenue	Lisle	IL	60532	USA
Nagy	Officer and			Ì		
	Assistant				Ì	
	Secretary]				
Katrin Leadley	Chief Medical Officer	815 Ogden Avenue	Lisle	IL.	60532	USA
Richard	Chief Information	815 Ogden Avenue	Lisle	IL	60532	USA
Powers	Officer					
Kent Elmer	Acting CFO	815 Ogden Avenue	Lisle	IL	60532	USA

Show



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENDOTRONIX, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2017.

Authentication: 202978161

Date: 07-31-17