

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002840

**Entity Name:** SORIN CRM USA, INC.

**Current Principal Place of Business:**

14401 W. 65TH WAY  
ARVADA, CO 80004

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC8770358609**

**Current Mailing Address:**

14401 W. 65TH WAY  
ARVADA, CO 80004 US

**FEI Number: 41-1357627**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            DOUGHERTY, TIM  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            TREASURER  
Name            KOWALIUK, DWAYNE  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            SECRETARY  
Name            POLLOCK, TAYLOR  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            DIRECTOR  
Name            CORDANO, GIULIO  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            DIRECTOR  
Name            KOWALIUK, DWAYNE  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            DIRECTOR  
Name            TREVOR, JIM  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

Title            ASSISTANT SECRETARY  
Name            ZAMORA, BARBARA  
Address        14401 W. 65TH WAY  
City-State-Zip: ARVADA CO 80004

*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: BARBARA ZAMORA**

**ASSISTANT SECRETARY    03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date