

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001045

Entity Name: SUREFIRE MEDICAL, INC.

Current Principal Place of Business:

6272 W. 91ST AVENUE
WESTMINSTER, CO 80031

Current Mailing Address:

PO BOX 746327
ARVADA, CO 80006-6327 US

FEI Number: 27-0629393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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: MARK WILLIAMS

03/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCGREVIN, GENE
Address 10697 BELL RD.
City-State-Zip: JOHNS CREEK GA 30097

Title DIRECTOR
Name GRAHAM, GINGER
Address 885 ARAPAHOE AVE.
City-State-Zip: BOULDER CO 80302

Title DIRECTOR
Name TULLIS, JOHN
Address 11760 US HIGHWAY 1 SUITE 502W
City-State-Zip: PALM BEACH GARDENS FL 33408

Title DIRECTOR
Name CASSIDY, KAREN
Address 293 PEARL STREET
City-State-Zip: BOULDER CO 80302

Title DIRECTOR
Name WELDON, NORMAN
Address 6 OCEAN CLUB DRIVE
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR
Name HUSS, BEVERLY
Address 1455 ADAMS DRIVE, SUITE 2014
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name WAHLSTROM, MATS
Address 1225 SEVENTEENTH ST. STE. 1750
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name CHOMAS, JAMES
Address 555 HIGH STREET
City-State-Zip: DENVER CO 80218

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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: JAMES CHOMAS

PRESIDENT

03/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name CHOMAS, JAMES
Address 555 HIGH STREET
City-State-Zip: DENVER CO 80218

Title SECRETARY
Name SCALESE, ANTHONY
Address 2311 ROSCOMARE RD UNIT 4
City-State-Zip: LOS ANGELES CA 90077

Title VICE-PRESIDENT
Name SCALESE, ANTHONY
Address 2311 ROSCOMARE RD, UNIT 4
City-State-Zip: LOS ANGELES CA 90077

Title TREASURER
Name SCALESE, ANTHONY
Address 2311 ROSCOMARE RD UNIT 4
City-State-Zip: LOS ANGELES CA 90077