

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001045

FILED
Apr 27, 2016
Secretary of State
CC5353894097

Entity Name: SUREFIRE MEDICAL, INC.

Current Principal Place of Business:

6272 WEST 91ST AVENUE
WESTMINISTER, CO 80031

Current Mailing Address:

6272 WEST 91ST AVENUE
WESTMINISTER, CO 80031 US

FEI Number: 27-0629393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 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 CEO/PRESIDENT
Name CHOMAS, JAMES
Address 6272 WEST 91ST AVENUE
City-State-Zip: WESTMINISTER CO 80031

Title CONTROLLER
Name KYLE, RILEY
Address 6272 WEST 91ST AVENUE
City-State-Zip: WESTMINISTER CO 80031

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

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

Title DIRECTOR
Name LUPA, MARK
Address 831 PEARL ST.
City-State-Zip: BOULDER CO 80302

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

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

Title CFO
Name SCALESE, ANTHONY A.
Address 1081 NORTHAMPTON COURT
City-State-Zip: HIGHLANDS RANCH CO 80126

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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: RILEY KYLE

CONTROLLER

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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