

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000637

Entity Name: TORAX MEDICAL, INC.

Current Principal Place of Business:

4188 LEXINGTON AVENUE
SHOREVIEW, MN 55126

Current Mailing Address:

4188 LEXINGTON AVENUE
SHOREVIEW, MN 55126 US

FEI Number: 71-0907969

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 NOAM KRANTZ, NOAM
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title SECRETARY
Name BIRGE, CLIFFORD
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name BLAZER, MARCI A
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name BORUP, SCOTT P
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name CHONTOFALSKY, CLAIRE E
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name COLETTI, PAUL A
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name CORBETT, DOROTHY
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name FRENCH, TINA SNYDER
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Continues on page 2

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: CLIFFORD BIRGE

SECRETARY

06/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name GARNER, DEAN L
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name LAWRENCE, ALYSON
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name MCDONALD, DAVID
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name MROZ, DENISE I
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name PEARCE, LAURIE J
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name SHATYNSKI, THEODORE J
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name KRANTZ, NOAM
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name GEIER, KRISTI S
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name LEVANT, KEITH
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name MORENO, VICTOR
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name PANZARINO, CHRISTOPHER
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASSISTANT SECRETARY
Name SCAFE, ALTIS A
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name BIRGE, CLIFFORD
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126