

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000007097

Entity Name: SHOCKWAVE MEDICAL, INC.

Current Principal Place of Business:

5403 BETSY ROSS DRIVE
SANTA CLARA, CA 95054

Current Mailing Address:

5403 BETSY ROSS DRIVE
SANTA CLARA, CA 95054 US

FEI Number: 27-0494101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name GODSHALL, DOUGLAS
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title TREASURER
Name PUCKETT, DANIEL K.
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name LARKIN, C. RAYMOND JR.
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name FRANCIS, LAURA
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name PAPIERNIK, ANTOINE
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name MOLL, FREDERIC MD
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title SECRETARY
Name TADA, HAJIME
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name TOYLOY, SARA
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

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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: DANIEL PUCKETT

TREASURER

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WATKINS, F.T. "JAY"
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name SAINZ, MARIA
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name BALLINGER, KEVIN
Address 5403 BETSY ROSS DRIVE
City-State-Zip: SANTA CLARA CA 95054