


B3013-7740 11/04/2024 11:36 AM Received by California Secretary of State

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|--|--|---------------------|
|  | Secretary of State Statement and Designation by Foreign Corporation | S&DC-S/N |
| <p>Must be submitted with a current Certificate of Good Standing issued by the government agency where the corporation was formed.</p> <p>Filing Fee – \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)</p> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 24px;">E</div> <div style="border: 2px solid black; border-radius: 50%; padding: 5px; font-weight: bold; font-size: 24px;">P</div> </div> <p>Certified Copy Fee (Optional) - \$5.00</p> <p><i>Note:</i> Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.</p> | | |

For Office Use Only

-FILED-

File No.: 6448527
Date Filed: 11/4/2024

This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

2. Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)

| | |
|-----------------------------------|---------------|
| Vascular Technology, Incorporated | New Hampshire |
|-----------------------------------|---------------|

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

| a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
|---|-------------------------|-------|----------|
| 12 Murphy Drive | Nashua | NH | 03062 |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| | | CA | |
| c. Mailing Address of Principal Executive Office, if different than Item 3a | City (no abbreviations) | State | Zip Code |
| | | | |

4. Service of Process (Must provide either Individual OR Corporation)

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | Suffix |
|---|-------------------------|-----------|----------|
| | | | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| | | CA | |

CORPORATION – Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

Cogency Global Inc.

5. Read and Sign Below (Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Nilendu Srivastava

Signature PRES.

Nilendu Srivastava

Type or Print Name

State of New Hampshire

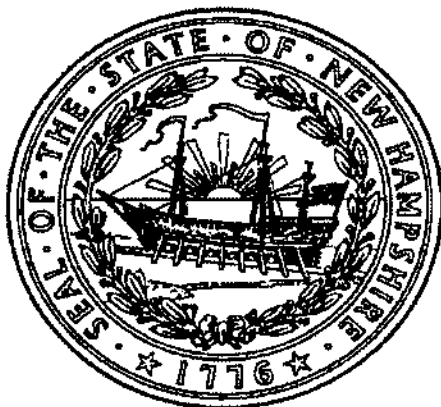
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that VASCULAR TECHNOLOGY, INCORPORATED is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 10, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 588450

Certificate Number: 0006803480



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of November A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State