

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002750

**Entity Name:** ABIOMED R&D, INC.

**Current Principal Place of Business:**

22 CHERRY HILL DRIVE  
DANVERS, MA 01923

**Current Mailing Address:**

22 CHERRY HILL DRIVE  
DANVERS, MA 01923

**FEI Number: 04-3223339**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           DIRECTOR  
Name           MINOGUE, MICHAEL R  
Address        22 CHERRY HILL DRIVE  
City-State-Zip: DANVERS MA 01923

Title           TREASURER  
Name           BOWEN, ROBERT L  
Address        22 CHERRY HILL DRIVE  
City-State-Zip: DANVERS MA 01923

Title           D  
Name           MCEVOY, STEPHEN C  
Address        22 CHERRY HILL DRIVE  
City-State-Zip: DANVERS MA 01923

Title           S  
Name           ROSENBLUM, PETER  
Address        155 SEAPORT BLVD  
City-State-Zip: BOSTON MA 02210

Title           VP  
Name           MCLEOD, IAN  
Address        22 CHERRY HILL DRIVE  
City-State-Zip: DANVERS MA 01923

*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: IAN MCLEOD**

**VICE PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date