



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 77586593  
Date of Authority: 06/01/2011  
Type: FOREIGN BUSINESS CORPORATION

FILED: MAY 21, 2021  
OREGON SECRETARY OF STATE



77586593-22217399

ENDOCHOICE, INC.

REIANA

RE: ENDOCHOICE, INC.

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$1650 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 08/03/2017

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: [Signature] Date: 5/20/21  
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200



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**REINSTATEMENT ANNUAL REPORT**  
**Registry Number: 77586593**  
**Date of Authority: 06/01/2011**  
**Type: FOREIGN BUSINESS CORPORATION**

ENDOCHOICE, INC.  
11810 WILLS ROAD  
ALPHARETTA GA 30009

**Name of Foreign Business Corporation**

ENDOCHOICE, INC.

**Jurisdiction:** DELAWARE

The following information is required by statute. Please complete or correct the entire form below.

**Registered Agent**

CORPORATION SERVICE COMPANY  
1127 BROADWAY STREET NE STE 310  
SALEM OR 97301

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

**1) Type of Business**

**2) Principal Place of Business** (Address,city,state,zip)

11810 WILLS ROAD  
ALPHARETTA GA 30009

**3) Mailing Address** (Address,city,state,zip)

~~11810 WILLS ROAD~~ 300 Boston Scientific Way  
~~ALPHARETTA GA 30009~~ Marlborough, MA 01752

**4) President Name and Address**

~~MARK GILREATH~~ Michael F. Mahoney  
~~11810 WILLS ROAD~~ 300 Boston Scientific Way  
~~ALPHARETTA GA 30009~~ Marlborough, MA 01752

**5) Secretary Name and Address**

~~BRIT YOUNG~~ Vance R. Brown  
~~11810 WILLS ROAD~~ 300 Boston Scientific Way  
~~ALPHARETTA GA 30009~~ Marlborough, MA 01752

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

**7) Printed Name** Douglas J. Cronin

**8) Date**

5/20/21

**9) Phone Number** 508-683-4000

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF2-  
05/17/21