No. C 203650 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. HALYARD HEALTH, INC. 5405 WINDWARD PARKWAY ALPHARETTA GA 30004		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100										
				BOISE ID 83713 3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	rer (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	S. ROSS MA	NSBACH	5405 WINDWARD PARKWAY	ALPHARETTA	GA		30004								
TREASURER	DAVID F. C	RAWFORD	5405 WINDWARD PARKWAY	ALPHARETTA	GA		30004								
DIRECTOR	JULIE SHIMER		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	MARIA SAINZ		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	PATRICK J. O'LEARY		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	HEIDI KUNZ		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	RONALD W.	DOLLENS	5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	JOHN P. BYRNES		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	GARY D. BLACKFORD		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
DIRECTOR	WILLIAM HAWKINS		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
PRESIDENT	JOHN R TUSHAR		5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
VICE PRESIDENT	S. ROSS MA	ANSBACH	5405 WINDWARD PARKWAY	ALPHARETTA	GA	USA	30004								
5. Organized Under the Laws of: 6. Annual		6. Annual Report	nnual Report must be signed.*												
DE		Signature: S. ROSS MANSBACH			Date: 09/20/2018										
C 203650		Name (type or print): S. ROSS MANSBACH			Title: SECRETARY										
Processed 09/20/2018		* Electronically pr	ovided signatures are accepted as original	signatures.											