

SCC eFile	2018 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	218513791						
1.) CORPORATION NAME: CardioDx, Inc.	DUE DATE: 3/31/2018							
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORPORATING SERVICE, LTD. 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1989906							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION							
4.) STATE OR COUNTRY OF INCORPORATION: DE	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td style="text-align: center;">35,000,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">26,626,623</td> </tr> </tbody> </table>		CLASS	AUTHORIZED	COMMON	35,000,000	PREFER	26,626,623
CLASS	AUTHORIZED							
COMMON	35,000,000							
PREFER	26,626,623							
6.) PRINCIPAL OFFICE ADDRESS:								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP: REDWOOD CITY, CA 94063								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: DAVID LEVISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
TITLE: CHF STRAT OFFIC								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063								
NAME: TIM HENN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
TITLE: CFO								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063								
NAME: MARK MONANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
TITLE: CMO								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063								
NAME: MARK WEEKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
TITLE: SECRETARY								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063								
NAME: PATRICK ENRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
TITLE: DIRECTOR								
ADDRESS: 600 SAGINAW DRIVE								
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063								
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.								
/s/ DAVID LEVISON	DAVID LEVISON, CHF STRAT	3/29/2018						
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OFFIC PRINTED NAME AND CORPORATE TITLE	DATE						
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.								