

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006919

FILED  
Mar 29, 2011  
Secretary of State

Entity Name: THERMO ORION INC.

## Current Principal Place of Business:

166 CUMMINGS CENTER  
BEVERLY, MA 01915

## New Principal Place of Business:

166 CUMMINGS CENTER  
BEVERLY, MA 01915 US

## Current Mailing Address:

81 WYMAN STREET  
WALTHAM, MA 02454 US

## New Mailing Address:

FEI Number: 04-3064009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR., STE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DPS  
Name: HOOGASIAN, SETH H  
Address: 81 WYMAN STREET  
City-St-Zip: WALTHAM, MA 02454

Title: T AS  
Name: SMITH, ANTHONY H  
Address: 81 WYMAN STREET  
City-St-Zip: WALTHAM, MA 02454

Title: AT  
Name: SPELLMAN, MAURA A  
Address: 81 WYMAN STREET  
City-St-Zip: WALTHAM, MA 02454

Title: AS  
Name: MICHAUD, MICHAEL K  
Address: 81 WYMAN STREET  
City-St-Zip: WALTHAM, MA 02454

Title: AS  
Name: BRUNI, JAMES E  
Address: 300 INDUSTRY DRIVE  
City-St-Zip: PITTSBURGH, PA 15275

Title: AS  
Name: WILK, JONATHAN C  
Address: 81 WYMAN STREET  
City-St-Zip: WALTHAM, MA 02454

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: MICHAEL K MICHAUD

AS

03/29/2011

Electronic Signature of Signing Officer or Director

Date