**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001120

**Entity Name:** VIACORD, LLC

**Current Principal Place of Business:**

940 WINTER STREET
WALTHAM, MA 02451

**Current Mailing Address:**

940 WINTER STREET
ATTN: J. HIGGINS
WALTHAM, MA 02451 US

**FEI Number: 04-3201419**

**FILED**
**Jul 27, 2021**
**Secretary of State**
**3953645036CC**

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MEMBER |
| Name | PERKINELMER DIAGNOSTICS HOLDINGS, INC. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | SECRETARY, VP, MANAGER |
| Name | HEALY, JOHN L. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | VP |
| Name | THOMAS, JENNY L. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

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|---|---|
| Title | VP |
| Name | OLIVER, KEVIN A. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | SUNDAR-RAJAN, ARVIND |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | TREASURER, MANAGER, VP |
| Name | OKUN, ANDREW |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | VP |
| Name | BLACKETT, DAVID |
| Address | 930 WINTER STREET SUITE 2500 |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | LEVIN, JONATHAN |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JOHN L. HEALY SECRETARY 07/27/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date

## Authorized Person(s) Detail Continued :

| | |
|---|---|
| Title | ASSISTANT TREASURER |
| Name | ABORN, CHRISTOPHER G. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | THOMAS, JENNIFER V. |
| Address | 940 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | ASSISTANT TREASURER |
| Name | RESENDES, MANUEL |
| Address | 710 BRIDGEPORT AVENUE |
| City-State-Zip: | SHELTON CT 06484-4750 |