

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001120

Entity Name: VIACORD, LLC**Current Principal Place of Business:**940 WINTER STREET
ATTN: J. HIGGINS
WALTHAM, MA 02451**Current Mailing Address:**940 WINTER STREET
ATTN: J. HIGGINS
WALTHAM, MA 02451 US**FEI Number:** 04-3201419**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 ADAMS, DREW C.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title VP, ASSISTANT SECRETARY
Name POTTHOFF, MARY E.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title PRESIDENT
Name SINGH, PRAHLAD R.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title TREASURER, MANAGER, VP
Name FRANCISCO, DAVID C.
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 VP
Name OLIVER, KEVIN A.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

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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****04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title VP
Name RAMOS, RICHARD J.
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 ABORN, CHRISTOPHER G.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title VP
Name SCHOENBRUNNER, ERHARD RALF
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