

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003510

**Entity Name:** TRIPATH IMAGING, INC.**Current Principal Place of Business:**780 PLANTATION DRIVE  
BURLINGTON, NC 27215**Current Mailing Address:**780 PLANTATION DRIVE  
BURLINGTON, NC 27215 US**FEI Number:** 56-1995728**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

**Officer/Director Detail :**

Title DIRECTOR  
Name BEDNO, REBECCA  
Address 780 PLANTATION DRIVE  
City-State-Zip: BURLINGTON NC 27215

Title PRESIDENT  
Name POLEN, THOMAS E.  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title DIRECTOR  
Name DEFAZIO, GARY  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title SECRETARY  
Name DEFAZIO, GARY  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title TREASURER  
Name GALLAGHER, JOHN E.  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title VP  
Name SEGRETO, ANTOINETTE  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title DIRECTOR  
Name LASALA, JOSEPH  
Address 1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

*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: GARY DEFAZIO****SECRETARY****04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date