

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005878

**Entity Name:** THERMO LABSYSTEMS INC.

**Current Principal Place of Business:**

1601 CHERRY STREET  
SUITE 1200  
PHILADELPHIA, PA 19102

**Current Mailing Address:**

168 THIRD AVENUE  
WALTHAM, MA 02451 US

**FEI Number: 04-3326268**

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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, PRESIDENT, SECRETARY  
Name BRIANSKY, SHARON S  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT TREASURER  
Name SPELLMAN, MAURA A  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY  
Name WILK, JONATHAN C  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title TREASURER, ASSISTANT SECRETARY  
Name SMITH, ANTHONY H  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY, ASSISTANT TREASURER  
Name BRUNI, JAMES E  
Address 300 INDUSTRY DRIVE  
City-State-Zip: PITTSBURGH PA 15275

Title ASSISTANT SECRETARY  
Name MICHAUD, MICHAEL K  
Address 168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

*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: JAMES E BRUNI**

**ASSISTANT SECRETARY 04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date