

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000163

Entity Name: SUROS SURGICAL SYSTEMS, INC.

Current Principal Place of Business:

250 CAMPUS DRIVE
MARLBOROUGH, MA 01752

Current Mailing Address:

250 CAMPUS DRIVE
MARLBOROUGH, MA 01752 US

FEI Number: 35-2115487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 VP, ASSISTANT TREASURER
Name RANA, SARAH A.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title PRESIDENT
Name GRIFFIN, JOHN M.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title DIRECTOR, VP
Name DOLAN, PATRICIA K.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title SECRETARY
Name DOLAN, PATRICIA K.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title VP, TREASURER, DIRECTOR
Name LERNER, MARCI J.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title VP, ASSISTANT TREASURER,
DIRECTOR
Name OBERTON, KARLEEN M.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name LIDDY, ANNE M.
Address 250 CAMPUS DRIVE
City-State-Zip: MARLBOROUGH MA 01752

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: PATRICIA K. DOLAN

SECRETARY

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date