

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003543

**Entity Name:** MIRION TECHNOLOGIES (CANBERRA), INC.

**Current Principal Place of Business:**

800 RESEARCH PKWY  
MERIDEN, CT 06450

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**6050572524CC**

**Current Mailing Address:**

800 RESEARCH PKWY  
MERIDEN, CT 06450

**FEI Number: 06-1607256**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET - STE. 4  
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 CFO  
Name SCHOPFER, BRIAN  
Address MIRION TECHNOLOGIES, INC.  
1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR AND SECRETARY  
Name LEE, EMMANUELLE  
Address MIRION TECHNOLOGIES, INC.  
1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name WEBB, SHELIA  
Address 800 RESEARCH PKWY  
City-State-Zip: MERIDEN CT 06450

Title TREASURER  
Name SANTOS, ERIKA M  
Address 2652 MCGAW AVENUE  
City-State-Zip: IRVINE CA 92614

Title PRESIDENT, CEO & DIRECTOR  
Name LOGAN, THOMAS D  
Address MIRION TECHNOLOGIES, INC.  
1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title ASSISTANT SECRETARY  
Name WOLFF, ADRIAN  
Address MIRION TECHNOLOGIES, INC.  
1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name SUMMERS, AUDREY  
Address 1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name STARK, SILAS  
Address 1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

**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 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: EMMANUELLE LEE**

**DIRECTOR AND SECRETARY**

**04/30/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name COCKS, JAMES  
Address 1218 MENLO DRIVE  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name OSTROWSKI, LINDA  
Address 109 UNION VALLEY RD  
City-State-Zip: OAK RIDGE TN 37830