

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004353

FILED
Apr 22, 2015
Secretary of State
CC9452699054

Entity Name: ANALOGIC CORPORATION

Current Principal Place of Business:

8 CENTENNIAL DRIVE
PEABODY, MA 01960

Current Mailing Address:

8 CENTENNIAL DRIVE
PEABODY, MA 01960

FEI Number: 04-2454372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 PRESIDENT, CEO, DIRECTOR
Name GREEN, JAMES W
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title CFO, VP
Name BOURQUE, MICHAEL
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title SECRETARY
Name FRY, JOHN J
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name BAILEY, BERNARD C
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name BLACK, JEFFREY P
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name JUDGE, JAMES J
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name MODIC, MICHAEL T
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name PARKS, FRED B
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

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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 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: MICHAEL BOURQUE

CFO

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VANDERBROEK, SOPHIE
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name VOBORIL, EDWARD F
Address 8 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960