

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004353

**Entity Name:** ANALOGIC CORPORATION

**Current Principal Place of Business:**

8 CENTENNIAL DR.  
PEABODY, MA 01960

**Current Mailing Address:**

8 CENTENNIAL DR.  
PEABODY, MA 01960 US

**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 SECRETARY  
Name ROUSMANIERE, WILLIAM  
Address 8 CENTENNIAL DR.  
City-State-Zip: PEABODY MA 01960

Title DIRECTOR  
Name RIPP, THOMAS  
Address 8 CENTENNIAL DR.  
City-State-Zip: PEABODY MA 01960

Title PRESIDENT/CEO  
Name RIPP, THOMAS  
Address 8 CENTENNIAL DR.  
City-State-Zip: PEABODY MA 01960

Title TREASURER/CFO  
Name ROUSMANIERE, WILLIAM  
Address 8 CENTENNIAL DR.  
City-State-Zip: PEABODY MA 01960

*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:** WILLIAM ROUSMANIERE

SECRETARY

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date