

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001600

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: PERKINELMER HEALTH SCIENCES, INC.

**Current Principal Place of Business:**

940 WINTER STREET  
RESERVOIR WOODS  
WALTHAM, MA 024511457 US

**New Principal Place of Business:**

940 WINTER STREET  
WALTHAM, MA 024511457 US

**Current Mailing Address:**

940 WINTER STREET, RESERVOIR WOODS  
ATTN: MS. J. PEARL  
WALTHAM, MA 024511457 US

**New Mailing Address:**

940 WINTER STREET  
ATTN: MS. J. PEARL  
WALTHAM, MA 024511457 US

FEI Number: 04-3361624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LETCHER, JOHN  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

Title: P  
Name: FRIEL, ROBERT F  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

Title: DVPS  
Name: HEALY, JOHN L  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

Title: VP  
Name: ADAMS, DREW C  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

Title: VP  
Name: EGLIN, RICHARD  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

Title: DTVP  
Name: FRANCISCO, DAVID C  
Address: 940 WINTER STREET  
City-St-Zip: WALTHAM, MA 024511457 US

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: JOHN L. HEALY

DVPS

03/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date